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JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

REPORT OF CLINICAL CASES OPERATED UPON AT THE MUNCIE SURF SANATORIUM.

MUNCIE ISLAND, BABYLON, L. I.,
JULY 4, 1898.

CASE 1.—Miss I., age 61.

Diagnosis: Fibroid tumor of uterus.

Previous family and personal history: Parents were healthy and lived to old age. The patient was a sickly child; she began to menstruate at 14 years of age, with severe dysmenorrhea, which never ceased until the menopause at 40; she always had frontal and base of brain headaches; has always been susceptible to every contagious disease, and never without pain about abdomen. For years walking has brought on the headaches. The bowels are regular; she has been under treatment with the electric needle by Dr. Barnett, which for a time arrested the progress of the tumor.

Local condition: Adhesion of the hood of the clitoris, pale anemic condition of the vulva, extremely narrow vagina, through the vault of which could be distinguished a cluster of extremely hard fibroid growths. The rectum presented a few small hemorrhoids.

In proceeding with the hysterectomy, after the dissections had been carried well up on the body of the uterus and an entrance had been made into the peritoneal cavity in front and behind, it was found the size of the tumors prevented the further prosecution of the work without dividing the uterus. The uterus was therefore split in an anterior-posterior direction. This was accomplished by climbing upon its surface in front and behind with a double tenacu-

lum and severing the organ a little at a time between the prongs of the instrument. This process brought into view one fibroid the size of an orange, which was removed. It proved to be almost calcareous in formation, which is apt to be the case where the tumors have been withered by electrical treatments. After this the second peduncled one was removed, and finally the entire uterine mass, which contained numerous small growths. The electricity which had been employed in this case for many months had checked the hemorrhage, indeed had produced a premature menopause, the change of life taking place at forty years of age, but at the same time it had not cured the tumors, only serving to harden them and make their extirpation all the more difficult. The tubes and ovaries, which were small and atrophied, were removed in the usual way without being disconnected from the uterine tissue. After the extirpation of the organs the wound through which the removal had been accomplished was closed in the usual manner, first bringing together the broad ligaments, then closing the openings in front and behind in the peritoneal cavity, after which the wound in the vagina was closed. No drainage was employed.

Operation: Hysterectomy. Because of the narrow vagina, the perineum was slit to give a larger field for operation.

Temperature: Highest, 100 2-5; lowest, 98.

Nausea, slight for two days.

The bowels moved the fourth day. A high oil enema was given on the evening of the third day, and a water enema in the morning. This patient had some flatulency and pain.

July 16: Temperature and pulse normal; appetite and sleep excellent. Wound healed by first intention.

CASE 2.—Mr. R. Single; age 19 years; occupation, clerk; Diagnosis, general debility.

Previous family and personal history: Mother died of consumption. Father healthy. He has had *acne vulgaris*. Has had nocturnal seminal losses for two years; he is weak and irritable, with pain in sacral and lumbar regions, also palpitation and irritable heart. Urine normal.

Local condition: Elongated and narrow foreskin, narrow meatus, rectal pockets and papillæ.

Operation: Slit meatus; dilatation of urethra; circumcision, finishing with interrupted sutures, tying ends around a piece of cordine.

Rectal, pockets and papillæ. Erections while preparing for operation, and when slit was made in meatus.

“The fact that erections are induced in this case by the process of circumcision and slitting the meatus and passing of sounds, none of which could possibly afford pleasurable suggestions, illustrates the stupidity of the sympathetic nerve and its inability to discriminate between irritation and the proper conditions for performing the sexual function. It also indicates an irritability of the lower part of the spinal cord, which is closely associated with the sexual function, and means that this man, if his present forms of irritation were permitted to run their legitimate course, would in time be afflicted with some form of spinal cord trouble, probably a sclerosis, ushering him into the lamentable condition known as locomotor ataxia. It means also that the case will not be a flashy one, but on the other hand that the recovery will be quite gradual and that it will be from one to three years before he is quite a well man. This prognosis is based upon a large clinical experience in such cases, and it is a consolation to be able to predict the probable course of patients so that the slowness of recovery may not prove a disappointment to both doctor and patient. The acne will probably disappear speedily, but the seminal losses will not yield quickly, nor will the tendencies to sensuality, which have undoubtedly become rather firmly fixed in this case, be speedily changed; it will be a growth, an evolution, rather than a rapid transformation. The aid of suggestive therapeutics should be sought in all such cases as there is a habit of mind to overcome as well as a habit of body and much time will be saved by correcting unwholesome emotional and thought habits. From a physical standpoint the operation alone is not enough for the cure of such cases, but it should be followed by the use of heat and cold and other measures of an orificial nature, such as sounds, electricity, etc., with which you are all more or less familiar, applied at regular intervals for a series of weeks. The emancipation of a soul and body from such an emersion in the mud of sensuality is a task of no mean dimensions, but with the application of orificial methods, added to suggestive therapeutics and skillful prescribing, will in the end accomplish it and re-establish an equipoise of mind and body and usher the individual at last into the legitimate exercise of his natural powers.

Temperature: highest, $99\frac{1}{5}$; lowest, $98\frac{1}{5}$.

Bowels moved fourth day; oil enema. Healing of wound by first intention.

July 16th, patient dismissed; has had no emissions since the operation.

CASE 3.—Mr. G——.

Diagnosis. Constipation and nervous prostration.

Previous family and personal history: Father died at 60 years of age. Health fair. Mother died at 33, typhoid fever. One brother at 40. The patient has never been seriously ill; has had a left varicocele ever since he can remember. There was a dragging sensation before he wore a suspensory bandage, frequently causing nervousness and irritability. He feels dull and stupid, and a lack of ambition. Has always been constipated, and has frequent headache, backache, and aching of legs; also a sensation as if the heart stops beating, heart drops; with coldness, and numbness of extremities.

Local condition: Varicocele on the left side, stricture of the foreskin, elongated scrotum, hemorrhoids.

Operation: Dilatation foreskin. Urethra dilated; varicocele removed and amputation of scrotum performed. Slit operation upon rectum.

In this case the foreskin was not too long, and on first inspection appeared to be sufficiently free, but the glans penis was out of proportion in size to the body of the penis, and upon introducing the two index fingers back to back within the foreskin a tense band of fibres could be distinctly felt about the foreskin constituting a firm unyielding stricture. This was severed in its dorsal aspect sufficiently to completely break up the stricture. Such cases are common, and are usually overlooked because to all appearances the foreskin appears already over-dilated, but by examining carefully with the two fingers introduced within the foreskin the stricture can be detected and should then be treated as described. In amputating the scrotum there is little danger of amputating too much, but on the contrary a sufficient quantity should be taken away to permit the skin bag to act as a practical testicle supporter. Care should be taken in amputating the scrotum to check all hemorrhage as nearly as possible, otherwise blood will leak out through the areolar tissue of the scrotum and form large hematoccles, which will subsequently break down and necessitate healing of the wound by granulation. It is not safe to rely upon catgut sutures in

amputating the scrotum as very frequently the nutrition of the part is poor and catgut sutures do not retain their grip a sufficient length of time to ensure a substantial union, and it is not uncommon for hernia of the testicles to take place, necessitating a reapplication of stitches in cases where they have been relied upon. So that in addition to the continuous suture bringing together the margins of the skin interrupted sutures of silk or silkworm gut should be taken at intervals of half an inch or an inch to ensure substantial closure of the wound.

Temperature. Highest, $101\frac{1}{4}$; lowest, $98\frac{3}{4}$.

Vomited Tuesday morning. Had a full dinner day of operation. Bowels moved in 5 days. Oil enema, followed by water.

July 16: Aside from a little suppuration about scrotal wound, the patient has made an uneventful recovery up to the present date, at which time the functions of the body are normal, as are the pulse, and temperature.

JULY 5.

CASE 4.—Miss B., age 60 years.

Diagnosis: Malignant growths of the rectum.

Previous family and personal history: Father died of some bowel trouble, mother living; sister died of cancerous tumor of bowels; one aunt and two uncles died of consumption. Patient has always had dysmenorrhea. At 22 years of age she had lateral version, ten years later had retroversion; better of that at present. Menopause at 49 years of age, at which time diarrhea came on, and continued until three years ago; since that time has been constipated, obliging her to take laxatives. Defecation has always been painful; has passed bloody membranous matter frequently during the day and night for the past two years. Since last April has used the slippery elm injection, which affords relief; passing a rectal tube up the sigmoid affords marked relief.

Pulse 80, good volume; urine normal; heart normal.

Examination per vaginam reveals an irregular, hard, movable mass in the posterior cul-de-sac, and an irregular hardness between the sigmoid and rectal sphincters.

“Rectal inspection discloses the fact that the tumors felt through the vagina are not connected with the sexual organs, but are rectal growths, the sexual organs being atrophied and otherwise in fairly good condition and position. The hood of the clitoris is adherent, and she has hemorrhoids. One of the rectal

growths is located within two inches of the anus and occupies three-fourths of the circumference of the intestine, the other one was situated at the junction of the sigmoid and the rectum, and can only be brought within the reach of the index finger by traction with T-forceps placed well up on the mucous membrane of the rectum. The growths are probably malignant. The upper one is pedunculated, although the pedicle is a broad one."

Operation: First of all the hood of the clitoris was loosened and the uterus dilated and curetted. In attacking the rectal condition for the removal of the growths a knife was entered at the coccyx and passed into the bowel just above the lower growth; it was then forced downward so as to completely sever the tissues posterior to the anus, as far as the coccyx, making a large gaping wound, through which the lower tumor could be very readily brought into view. To still better expose the part, however, the perineum was also severed, after which the eversion of the gut was a practically simple matter. The margins of the wound were held apart by means of T-forceps placed at the lateral margins of the anus. Other T-forceps were then applied higher up the intestine, above the lower tumor, and by gentle traction the gut was invaginated until the upper tumor appeared fairly in the field of operation. The pedicle of this tumor was then seized by two pairs of T-forceps and its base excised, the incision passing through all the coats of the intestine and into the peritoneal cavity. This upper wound was then carefully stitched together, first the peritoneum and afterward the coats of the intestine by means of interrupted catgut sutures. The coaptation of the wound was accomplished in the axis of the intestine to avoid narrowing its calibre. The lower tumor was then removed in a similar manner, and after the mucous membrane was reunited over the denuded surface the wounds in front and behind the anus, the one extending as far as the coccyx and the other through the perineum, were closed by catgut sutures, one stay suture of silk being employed both in front and behind. In stitching these latter wounds care was taken to pass the threads through the sphincter muscle, so that their integrity need not be disturbed.

A hypodermic of one-quarter grain of morphine was then given the patient and she was sent to her bed. The patient was in good condition at the close of the operation.

Temperature: Highest $101\frac{1}{2}$, lowest 98.

July 16 : Temperature and pulse normal ; the upper wound healed by primary union, as did also the anterior incision through anus and perineum. The posterior incision has gaped open, but is healthy, and filling in by granulations very rapidly ; there is no mucous nor bloody stools.

The recovery of this patient was a remarkable one. The bowels were moved on the sixth day, and it was at this time that the wounds over the coccyx were torn open. After a healthy granulating surface is secured the wound should again be united by the application of sutures.

CASE 5.—Miss E., 24 years of age.

Diagnosis: Neurasthenia.

Previous family and personal history : Family history is good ; she was a very healthy child ; at fifteen began teaching school ; six months later began to menstruate. The flow was scanty and irregular, at one time going six months ; for the last three years more regular, but the flow is of a brownish color. For the last five years she has suffered with pain and tenderness in the lumbar region ; the second lumbar vertebra is sensitive and protruding ; she is ambitious, but is always conscious of so much general weakness and weariness that every action is an effort. From her childhood there has been a constant irritation of the clitoris, at times making life a burden to her, and hampering her ambition in the pursuing of evangelistic work. She is a strong character.

Pelvic conditions: Adherent prepuce ; hypertrophy labia minora. Hymen mounted by small papillæ. Retroversion. Vagina rough. Five papillæ and five pockets in rectum.

“Upon inspection the large size of the labia minora and the hood of the clitoris, together with the healthful color of the parts, indicating superb nutrition, point to unlimited energy. This must be a woman of great power. She can accomplish anything she undertakes, and whatever she does is done with great determination and energy. At the same time she is as sensitive as a child. Nothing escapes her observation, and she is easily pleased or injured. The morbid sensitiveness and fineness of her nature are indicated by the tooth-like projections along the margins of the hymen, which are exceedingly fine and sensitive. So while she has the power of an organizer and campaigner, a successful schemer, she at the same time possesses wonderful powers of observation and nothing escapes her notice. It is rare to find these opposite qualities in a single

individual, and when they occur they mark a phenomenal nature. These people are either away up or away down. They belong to the inspirational type of human nature and frequently see visions. This woman could be a Jeanne d'Arc. At the same time she could be a seamstress, and if she had a choice of work it would be of the finer types of sewing. She could head a seminary of learning, or could give lessons in a most successful manner to a single pupil. Her nature is more or less tempest-tossed, as evidenced by the physical conditions under observation, and she is at the present time wasting much of her power, in one direction in too ambitious dreams, and in the other in fretful particulars of every-day life. By orificial work we can remove her temptations and restore her to her proper balance of mind and body, and when she finds the proper scope for her powers she should achieve greatness in any direction in which her ambitions direct her."

These observations upon the character of the case were made without other knowledge than was obtained from tissue reading, but they were afterwards completely verified in every particular by those who knew her personally. In the history of her case as prepared for the class it was afterwards stated, this time from what was known of her personal conduct, she could stoop to pick up a pin, but could also lead cavalry. She has fine powers of observation and much caution.

Operation: Dilatation, curetting and packing; amputation of hymen and labia; slit and loosened hood; slit work on rectum.

Temperature—Highest, 100; lowest 98 1-5. Bowels—Oil enema, with very little result; moved well with cascara. No abdominal pain. Very little nausea.

July 16th: Recovery rapid and uneventful.

CASE 6.—Mr. W., age 59 years; married.

Diagnosis: Epileptic seizures, eczema, and asthma.

Previous family and personal history: Father and mother dead; father died of asthma; one year ago patient had la grippe; has not been well since. He has neuralgia in various parts of the body; also has indigestion, and does not sleep well. About a year ago eczema made its appearance on the upper and lower extremities; he has occasional epileptiform seizures. As near as he can tell, these began about one year ago. Has loss of memory, incapacitating him for active business.

Local condition: Elongated and narrow foreskin, narrow meatus, catarrh of the urethra, hemorrhoids and rectal pockets.

Operation: Urethral dilatation, circumcision, and rectal slit.

Temperature: Highest, 99; lowest, 98 2-5.

Bowels: Good passage with plain water the fourth day.

No abdominal pain. No nausea.

The recovery of this patient must be slow, because there are no traces in his tissues of high ideals of life, his tissues being coarse and common, devoid of evidences of internal refinement. This will not prevent, however, his complete restoration to a normal physical condition if the operative procedures are followed up by systematic after-work, and he is sufficiently and steadily prodded to the proper care of himself until his health is restored. It may be that after his physical clouds have passed away his evolution into higher states of organization will take place, and the better and finer qualities which are really harbored in every soul will in time assert themselves, and finally exercise their refining influence upon his physical house.

July 16: No asthma; no epileptic seizures; eczematous patches nearly healed. There is a marked improvement in the color of skin and facial expression.

JULY 6.

CASE 7.—Mrs. H., 28 years of age, widow.

Diagnosis: Neurasthenia, immobility of left hip.

Previous personal and family history: Father died of Bright's disease at 59 years of age. Brother died of umbilical hernia, 48 years of age. The patient menstruated at 14 years of age; was regular, has never been well. She gave birth to a seven-pound child, three and one-half years ago, which lived two days. The hip joint was supposed to be dislocated at the time of confinement, so she left the hospital on crutches, with the left leg three inches shorter than the right. Two weeks before confinement had general inflammatory rheumatism of the joints, with diarrhea. Confined to her bed four months. Her general health is good. The hip has been intensely painful until one month ago, when she was treated by an osteopath, who helped her very much, so far as the pain was concerned, but failed to cure the lameness. The menses regular, bowels regular, bladder irritable. She has always had irritation about clitoris, especially since confinement, as the fleshy part of the inner thigh presses continually upon the clitoris.

Local condition: Elongated prepuce, hypertrophied labia minora, laceration of the cervix, pockets and papillæ.

The left hip joint seemed fixed at an angle with the body of about thirty-five degrees, and appeared to be perfectly immovable. A careful examination, however, disclosed extreme tension of the abductor muscles of the thigh. A scalpel was called for, and the tendons of the abductors longus and brevis were severed close to the body of the pubes. Imagine the surprise of the class when this case, supposed to be one of irreducible dislocation of the hip joint, was then demonstrated to be one of merely firm fixation of the hip joint and tilting of the pelvis to the extent that the leg presented an appearance of being three inches shorter than the limb on the other side, was proved to be all caused by spasmodic action of the abductor muscles. As soon as the muscles were cut and the few ligamentous adhesions ruptured by the manipulation, the hip joint was as freely moved as that of the other side, and could be flexed or extended to any degree without the slightest tilting of the pelvis. Upon straightening out the limbs and applying measurement, the three inches shortening was found to be completely corrected, and one limb was as long as the other.

This was certainly an object lesson in some forms of supposed hip-joint cases. The appreciation of the class was manifested by applause, and all present were glad that the woman could be promised a complete restoration to her health, including the permanent and satisfactory use of her limb.

The hood of the clitoris was then loosened and amputated, the labia minora were shortened, the laceration of the cervix repaired, and slit work accomplished upon the rectum.

An extremely interesting circumstance occurred during the operation which is worthy of note. Every one familiar with orificial work recognizes the peculiar effect upon the respiration which is so frequently produced by rectal dilatation. Sometimes this may be caused also by impingement of the hood of the clitoris or labia minora, or dilatation of the vagina or uterus, and is also frequently observed during hysterectomy when the posterior cul-de-sac is being entered, it never being observed when the peritoneal cavity is being entered in front of the uterus. Singular to relate, two or three times during the operation, while the assistant was holding back the affected thigh in the usual lithotomy position so as to expose the field of operation at the base of the body, this same

gasping respiration was induced. It was first thought to be caused by the work upon the pudenda, but as it did not cease when the work was suspended, the assistant on the left side was requested to put the limb back in the position in which she was accustomed to carry it, and lo and behold! the impeded respiration was immediately relieved. This circumstance was repeated during the operation, disclosing the close association between the hip joint and the nerves of respiration. As this effect is produced especially by rectal dilatation, it also discloses the nervous connection between the rectum and the other part, which produced this same effect about the tissues of the hip—a pretty study of anatomy on the operating table.

The patient went on to an uneventful recovery, and on July 16th presented no symptoms worthy of note.

Temperature: Highest, 101; lowest, 98 2-5.

Operation: Severing tendon of abductor longus, and trachelorrhaphy, amputation of labia and prepuce.

Very little nausea.

Bowels moved with cascara; good result.

No abdominal pain.

CASE 8.—Mrs. G—, 48 years of age. Married.

Diagnosis: Endometritis and salpingitis.

Previous family and personal history: Mother living and healthy. Father died at 66 years of age, of lung trouble; brothers and sisters healthy. The patient was a healthy child, began menstruating at 13 years; has three healthy children, and one miscarriage at two months, two years after the miscarriage, she had a severe attack of peritonitis, keeping her in bed three months, after which she was never well, and from which she had a corroding discharge until after the peritonitis; then she was well, until a year later, when she had an attack of appendicitis, keeping her in bed six weeks. She never menstruated after the peritonitis. For the past six years she has had occasional corroding discharges, which can be partially controlled by antiseptic douches. When the discharge is at its height, there is always urethral inflammation, and bladder irritation. She has been curetted five or six times by different specialists, in their offices, and sent home. Had bloody discharges for months. After the cureting of four years ago, a diagnosis of cancer had been made, but a microscopic examination did not reveal malignancy.

Present condition, (local, not general). The discharge is aggra-

vated after the marital relation. The husband has gleet: cannot get the history of the first gonorrheal attack, but it probably occurred just prior to the peritonitis.

The vulva in this case was so contracted as to necessitate its enlargement before vaginal hysterectomy was possible. At the suggestion of Dr. Adams, of New Haven, Conn., the two margins of the vulva were severed rather than the perineum. In proceeding with the hysterectomy the adhesions were found to be so extensive as to completely cover the entire uterine surface, the ovaries and tubes also being imbedded in inflammatory products. The salpingitis was extreme, and ovarian degeneration was also pronounced. After the removal of the organs, which was accomplished by the dissection method, the wound was closed in the usual manner and the patient placed in retirement. Her recovery was uneventful, the wound healing by first intention and without incident worthy of note.

Operation: Hysterectomy; slit each side of vulva.

Temperature: Highest, 101 2-5; lowest, 98.

Bowels moved third day.

E. H. PRATT.

(To be continued.)

DISEASES OF THE RECTUM AND SIGMOID.

C. A. PAULY, M.D.

CINCINNATI.

The neurologists of to-day feel that the discovery of the neuron theory has opened the way for a more comprehensive investigation of mental and nervous diseases.

The rectal specialists feel that the discovery of auto-infection from the intestinal canal has opened the way for the investigation of many diseases, the pathology being obscure at present. The progress in bacteriology and physiological chemistry has gone far to demonstrate that most of the processes of disease in general are due to toxic substances in one form or another.

The poisons found generated in the intestinal canal are the result of chemical putrefaction or fermentative changes, or the action of bacteria. We may have auto-infection from any part of the intestinal canal. It is claimed, however, that the seat of infection is more frequently in the descending colon, sigmoid and rectum. The

peristaltic action of the colon is very sluggish, and the sigmoid being the most constricted part, obstruction in the form of impaction often takes place. If the impaction is permitted to remain any length of time, the fecal matter is relieved of its watery elements, a solid mass remaining, from which putrefaction takes place, affording a rich field for the multiplication of septic muco-organisms and their products. These organisms, with their ptomains, are taken up by the circulation and lymphatics and carried to the different parts of the body, causing a systemic infection.

Such diseases as gout, rheumatism, diabetes, chorea, chlorosis, uremia, asthma and the different skin diseases may be generated in the intestinal canal. Constipation, complicated by impaction, is the most frequent cause of auto-infection. Fecal toxemia manifests itself by the patient complaining of headache, dizziness, loss of appetite, palpitation, indigestion, etc.; the circulation is impaired; pulse may be full and slow, or rapid and feeble; heart excitable, violent palpitation; patient is drowsy, feels sleepy, yet rolls and tosses all night, rising in the morning feeling weak and exhausted; the skin has an unhealthy color, looks yellow or muddy. Some of the patients suffering with fecal toxemia look not unlike a person with a malignant growth.

Constipation and impaction are also factors in the pathological changes that take place in the rectum and sigmoid. By the constant irritation of the confined fecal matter the mucous lining becomes inflamed and denuded. Ulceration follows, and by the aid of diarrhea, a prominent symptom of ulceration, the fecal mass is liquified, and its poisonous elements are introduced into the circulation through the exposed surface of the mucosa. Ulceration and stricture of the sigmoid form a good culture medium for muco-organisms, and favor putrefaction and fermentation. As a result, more poisons are generated and absorbed than nature can take care of, the system becomes saturated, and the skin presents the sallow appearance which is usually present with ulcer of the colon. Many of the mental and nervous diseases in the form of acute insanities are due to gastro-intestinal disorders. If we can keep the stomach and intestines in a state of functional activity and healthfulness, the majority of cases of nervous disorders can be cured. Melancholia is sometimes induced by auto-intoxication, the result of an impacted colon or sigmoid. When the impaction has been removed, the melancholia is relieved.

It has been tersely said: "No class of diseases is of more importance to the general practitioner than those occurring in and around the sigmoid, rectum and anus." Mr. Allingham says: "Diseases of the rectum are among the most common that affect civilized humanity."

While the rectum and sigmoid are not the seat of all the ills of the body, yet a person suffering with some constitutional trouble, and who at the same time has a pathological condition in the rectum, need not expect to get well until the rectum has been cured. We all know the peculiarity of the nerve supply to the rectum and anus. Many neuroses have their origin in these parts, in the form of chorea, hysteria and neurasthenia. In cases of epilepsy, the convulsive attacks are kept at longer intervals by keeping the sigmoid and rectum free from imperfection. Violent cases of mania which have developed suddenly, the result of prolonged constipation, have been restored to sanity by emptying the colon. Fortunately the intoxication had not lasted long enough to impair the integrity of the nerve cells. I suppose the neuron theory is correct, but a better understanding of the pathogenesis of nervous and mental diseases can be obtained by studying the brain and nervous system, not separately, but along with other organs of the body, becoming more familiar with the pathological processes that operate on the whole organism. You are, perhaps, more familiar with the diseases and their treatment in and about the rectum than diseases of the sigmoid. Very little has been written on sigmoidal troubles. They have been generally considered along with diseases of the colon. From the structure and physiological action of the sigmoid, it is more liable to pathological changes that do not happen higher up in the bowels, and it is possible for it to be the seat of obscure diseases that are not recognized. We are satisfied that chronic diarrhea and dysentery often have their origin at the sigmoid instead of higher in the colon.

The various pathological changes found at the sigmoid are congestion, inflammation, ulceration, stricture and cancer. It is often difficult to diagnose just what the condition is. The symptoms are misleading; diarrhea is most frequent, yet constipation may be one of the leading symptoms. There are symptoms of intense backaches, pain in the left iliac region, across the abdomen down the left thigh, in the bladder, uterus, and prostate. Reflex symptoms are nausea and spasmodic cough. The character of the fecal evacua-

tion is the most positive symptom. The physician must examine the feces to determine the nature of the trouble. He cannot depend solely on the description given by the patient. If the discharges contain a great deal of mucus and no pus there will be a congestion of the mucous lining, and possibly the beginning of inflammation. If there is pus and blood in the evacuations you may expect the presence of an ulcer somewhere in the large intestine, and if an ocular examination shows the rectum to be free from disease, the chances are the ulcer will be at the sigmoid. If there is no history of specific or malignant disease these symptoms will be of great help in the diagnosis of congestion, inflammation and ulceration.

In the treatment of diseases at the rectum and sigmoid the best results are obtained by strict asepsis, and the use of antiseptics and healing applications. You must not only destroy the ptomains and toxins that cause auto-infection, but restore the functional activity and remove all pathological conditions of the colon.

In chronic cases of long standing stringy mucus and pus are often present in the stools. No cure can be accomplished before the lining of the intestine is freed from the unhealthy muco-pus. We should begin the treatment by giving an aperient of some kind to thoroughly wash out the bowels from above. The wash-out should be followed by the colon douche. A rectal tube with syringe attachment will answer. The rectal tube should be carried into the sigmoid and a half gallon of hot water medicated with boracic acid pumped into the colon. This treatment should be given once every twenty-four hours for a week; by that time the sigmoid will be aseptic, and ready for a healing application. Fluid hydrastis is good. One or two drams in two ounces of hot water is carried into the flexure through the rectal tube. Have the injection given just before retiring, and if the fluid can be retained all night it is better for the patient. Another good prescription, used in the same manner, is distilled hamamelis and fluid calendula equal parts. While using these prescriptions have the colon cleansed twice a week with hot water and boracic acid to keep the parts aseptic.

A mixture of almond oil 1 pint, iodoform 8 grains, subnitrate bismuth 1 dram (Mathews), is both soothing and healing. Use at bedtime.

Stricture of the rectum and sigmoid in most cases is the result of syphilis or cancer. Some relief may be received by the use of bougies, and the local applications just mentioned. Sooner or

later surgical procedure will be called for, and by the aid of surgery only temporary relief can be expected. If impaction of the sigmoid cannot be relieved with injections and the scoop, laparotomy may be necessary for the removal of the impacted mass. While treating these diseases a soft diet may be prescribed—oysters, milk, broths, soft-boiled eggs, small amount of bread, and a very little of meats. For internal medication: arsenicum, ingluvin, subnitrate bismuth, salol, the mercuries, the iodides, the carbons and the different forms of diastase have their places in the treatment of diseases of the rectum and sigmoid.

Read by title, Ohio State meeting, May, 1898.

SIGMOID CATARRH IN WOMEN.*

CORA SMITH EATON, M. D.

MINNEAPOLIS, MINN.

Last September at Dr. Pratt's clinic in orificial surgery the subject of chronic constipation and its cure received an extended discussion. It is the gleanings from this discussion with my own modifications which constitute the line of treatment I have been following in the last eight months. My cases of sigmoid catarrh have numbered about twenty. The majority of these were suffering from constipation, a few from chronic diarrhea; in other words, the dry catarrh is more common than the moist variety. The results in all have been excellent and in some simply phenomenal. The theory of the treatment is this:

First. To cleanse the bowel of the superficial coat of mucus by large colon flushings at home.

Second. By a medicated irrigation at the office, into which an electric current is turned to loosen a deeper layer of mucus and also to stimulate the paralyzed muscular coat of the bowel.

Third. After this double cleansing and stimulation has been accomplished to inject a medicated oil as high as possible into the bowel, to act in the double capacity of still further loosening the crust of old mucus deposited and to heal the diseased mucus surface.

Fourth. To assist the total results by every means constitutional and systemic, as internal medicines and central faradization.

*Minnesota State Institute of Homeopathy, May, 1898.

Before this treatment is attempted every organic trouble should be relieved, such as lacerations, pockets, papillæ, adhesions to clitoris, etc. Special attention should be given to the spine to make sure it is straight. Some of these cases are occasioned by paralysis of the intestinal nerves following a curvature. To complete the cure requires from one to six months. The treatment should be given every second day at first, then every third or seventh day as the case progresses. In the interval between treatments the patient should each day take a large colon flushing to wash away the loosened mucus and that which has been forming during the last twenty-four hours. If the patient is too weak to endure the flushings daily, or if there is a daily stool without them, there may be used instead of the flushings merely four ounces of sweet oil, medicated or not, injected into the rectum in the knee-chest position. This position is retained until the oil has run up into the large bowel. It will then in all probability be held until the bowel movement takes place, unless there is such a clogging of the sigmoid with mucus that nothing can pass without an enema.

When the patient comes to the office she is supposed to have cleansed the bowel with from four to twenty quarts of water, taken in the knee-chest position until the water comes back free from mucus. She is put upon the table with the Kelly pad under her. Cole's sigmoid irrigator is passed into the bowel full length and through this is injected from a fountain syringe two quarts of water medicated with two teaspoonfuls of Kennedy's White Pinus Canadensis and two teaspoonfuls of salt. Of course any other medications can be used, such as hamamelis, hydrastis, calendula, etc.

After the two quarts of water have run into the bowel, I disconnect the syringe tubing from the Cole's irrigator and connect the irrigator with one pole of the battery. The other pole is placed on the abdomen. The current used is the primary faradic interrupted, and is continued for ten minutes. The irrigator is then withdrawn and the patient is allowed to pass the water that was in the bowel, much of which will pass from the bladder, so quickly is it absorbed into the circulation and excreted by the kidneys.

We have had a few cases where the sigmoid was so swollen and coated that not even the finger could enter, and the irrigator could not be passed till treatment had relieved this practical stricture. In these cases we fill the lower bowel with medicated water through

a rectal tube instead of the irrigator and give the electricity with one pad under the lumbo-dorsal region and one over the abdomen, while the water is in the bowel. In the constipation cases the large flakes and crusts of hardened mucus which come away under treatment are startling both as to thickness and quantity. It is not uncommon for a patient to pass after the electric treatment, a double handful of mucus looking like shredded codfish. Sometimes flecks of blood show where scabs formed over ulcers. This mucus and blood gradually decreases until only fresh mucus, like uncooked white of egg appears, such as is the normal intestinal lubricant.

After the water has come away the patient is put on the table again in the knee-chest position and a long colon tube is passed full length; through this is injected by a hard rubber piston syringe four ounces of oil medicated with oil of tar, eucalyptus or hydrastis. The tube is cautiously withdrawn and the patient remains in the knee-chest position for ten minutes to help the oil stay where it is needed.

We have lately found we get almost if not quite as good results, with far less trouble to ourselves and less discomfort to the patient, by giving the oil simply into the rectum and having the position retained for ten or fifteen minutes. Sometimes it is a terrible trial to pass the tube as it kinks in the sigmoid or else hurts the patient unconscionably. After the patient has passed the water and before we give the oil we frequently have her lie on a flat electrode and take a spinal secondary faradic cupping. It is a very fine stimulus to the bowel nerves which are given off from the spine. Besides that, it starts up contractions in the bowel sufficient to help expel any water which may remain. In the preparation which they make at home, we have them medicate the last two quarts with some of the medicines I have named as using at the office. The remedies used by mouth are most frequent hamam. 1x, naphthalin 2x, sabad. 3x, and a combination tablet consisting of pepsin, nux vom. and carbo veg. to be taken before and after meals.

This treatment has served to clear up for us so many obscure cases that we no longer grudge the time and effort required to follow it.

THE EARLY TREATMENT OF HIP-JOINT DISEASE.*

C. E. SAWYER, M.D.

MARION, O.

In the whole category of diseases to which humanity is heir there are none which may cause more disaster than hip-joint disease. It not only endangers the usefulness of the joint and impairs the general health, but it leaves the subject of its invasion crippled for life if it does not, as it may, jeopardize life itself; a result not improbable, as carefully tabulated records show, for death is by no means an infrequent termination of the disease in neglected or protracted cases.

Hip-joint disease is one of the most insidious in its onset and most misleading in its manifestations, and yet it is in its inception that treatment is most useful; therefore the necessity for extraordinary vigilance in its early recognition that the means employed may be adequate to its relief.

That we may within the limitations of this paper be the better able to emphasize the importance of early recognition and to consider more fully the lines of treatment required, we shall refrain from a teratological discussion of the subject and go directly to the consideration of premonitory symptoms.

With the knowledge that it is better to be over-zealous in anticipation of disastrous consequences than to be betrayed into doing nothing by carelessness, or what is still worse, by being content in the belief that time will afford relief to threatening appearances, we will be the better able to attach proper significance to any case presenting even the slightest appearance of hip-joint disease.

In the matter of examination it is the duty of every physician in any case coming under observation, giving the history of stiffness about the hip joints, with a limping gait in the morning, to look with scrutinizing care into the real cause that produces the symptoms, for although they be transitory in character and subside upon exercise, they should not be discredited, for they are in a large majority of cases indicative of the beginning of hip-joint disease, and although apparently of little import, they afford a cue to the true nature of the trouble as well as the means requisite to its relief.

*Paper read before the Homeopathic Medical Society of Michigan, Grand Rapids, Mich., May, 1898.

If to the transitory lameness there is added pain in the knee, the evidence in favor of the disease is greatly augmented, for it is the commonest of indications to have pain referred to the knee as a very early symptom of hip-joint disease.

As a matter of differential diagnosis between the pain of hip-joint disease and knee-joint disease, it is well to bear in mind that the pain complained of in the former extends over a considerable surface affecting more especially the anterior and internal aspects of the joint, while in knee-joint disease the pain is more circumscribed in its location, more defined in sensitiveness to contact and less spasmodic in character. If proper weight be attached to this differentiation many a knee-joint that is treated for rheumatism and subjected to poultices, liniments and blisters, will go untreated, while the true cause will be ferreted out and overcome. If in connection with the foregoing signs there is a history of loss of motion and muscular atrophy, there need no longer be doubt as to the true nature of the trouble, especially if supplemented by "night cries," which oftentimes appear early in the history of the attack. These few subjective symptoms may be all there are to guide us in our investigation, but they are sufficient to prevent anything passing unobserved if they are given proper attention, and even though slight in character and irregular in recurrence, the patient should be stripped at once for further examination, when most of the following objective signs will become apparent. While standing, the patient makes a solid column of the sound side, avoiding all weight and concussion to the affected one. The affected limb is slightly flexed at the knee and rotated outward; the gluteal muscles and the muscles of the back of the affected side are relaxed while those of the opposite side are more than ordinarily rigid. The gluteo-femoral crease is shallower than on the opposite side, and there is a slight drooping of the buttock of the affected side with some loss of contour. All manipulations tending to change the relation of the parts, such as forcible adduction, abduction and rotation, are all more or less resisted by the muscular rigidity present.

With the patient lying flat on his back upon some hard level surface, it will be noted that an effort to bring the popliteal space of the affected limb in contact with the object upon which he is lying, at once causes more or less arching of the back upward, a position due entirely to the rigidity of the hip muscles, which causes more or less fixation and inactivity of the joint, compensated

for in a measure by the arching of the back. This symptom to a greater or less degree is always present in the early stages of hip-joint disease, and, if carefully sought for, will serve to throw much light on the case. These changes in the early stages of the disease are always subject to some deviation, but careful measurements and close comparisons will find enough of them presenting to verify the conclusion.

Another fact, but one never to be overlooked in making a correct diagnosis, is that in ninety per cent. of all boys afflicted with hip-joint disease there is a condition of phimosis, while in girls there is an adherent hood of the clitoris. To such as have never given this subject much thought this might be regarded as an official "fad," but statistics prove with unerring certainty that there is a co-existing relation between these parts and a diseased hip-joint. As a physiological factor in early diagnosis these are of much value, and as matters for attention in treatment they have no precedent, but should be corrected at once whenever present.

Conjoining the foregoing findings with a strumous diathesis, a history of injury and the age of the individual, and we have evidences sufficient to the establishment of proper lines of treatment.

Before beginning a consideration of means to be employed it is well to look to the varied relations of the parts concerned, to be the better able to supply the demands. The hip-joint is one of the most complicated of the human body, and its relation to the body as a whole is very important. In its operation twenty-three muscles are employed. Its synovial membrane is extensive, its articular surfaces are large. Its bony relations intimate, its nerve supply complicated, its vascular supply intricate, its variety of movements numerous, and the exactness with which its component parts are bound together preclude any infringement of foreign substances without danger to its integrity. Therefore a slightly bruised capillary, a contused cartilage, or a pinched synovial membrane, either of which may result from a trivial cause, may set up a conflagration which only terminates in the complete destruction of the joint.

No sooner is there a disturbance of the normal relation of the parts than there begins muscular rigidity. As a result of muscular rigidity the head of the femur is drawn forcibly into the acetabulum, thereby producing the chief perpetuating cause of the disease the complete counteracting of which is essential to successful treatment, without which the succeeding stages with their disas-

trous consequences cannot be prevented, regardless of any and all other measures which may have been adopted.

To demonstrate the truthfulness of this assertion it is only necessary that we make traction on the leg of the diseased limb in the direction of the least resistance, when relief will be found to be instantaneous and at the same time continuous, so long as extension is kept up. But the moment extension is discontinued all of the symptoms return with renewed violence.

With this positive proof of the real needs in the matter of treatment it is necessary as a primary proceeding to devise some means to do just that which the hands of the manipulator has been doing. Namely, to fix the pelvis and by traction on the leg extend the limb so as to relieve the intra-articular pressure. This is easily accomplished by the following apparatus, which can be made by any ordinary blacksmith, if directed by some one who has sufficient mechanical ingenuity to convey to the blacksmith's mind the plan and specifications of the thing required.

While it may not, if made under such circumstances, present all the symmetry of form and beauty of workmanship that it might were it the production of a regular bracemaker, yet it will, if properly adjusted, meet all of the local requirements of the case, and prevent the danger that may arise from the delay incident to ordering an appliance from an apparatus maker, or what is still worse, of some plaster-cast arrangement which may be thought advisable to take the place of the regular bracemaker's apparatus. The following description and illustration will, I believe, serve to give all necessary information needed in the proper making of the apparatus above referred to.

To a piece of sheet steel, corresponding in size and shaft to the sole of the foot, connect two upright steel bars, size $\frac{1}{2}$ x3-16, to extend, the one on the outer side of the limb to the upper border of the great trochanter, the one on the inner side of the limb to the lower border of the symphysis, allowing on both bars three-fourths of an inch to be turned outward at right angles at the upper end. Through this projecting end drill a hole of sufficient size to admit of a piece of brass tubing one half inch in diameter. This piece of tubing should be about five inches in length, flattened at its lower extremity where it is riveted to the upright bar. The upper end of the tubing should project one-half inch above the opening through which it is passed in the bar, to afford a shoulder

on which rests the loose nut which serves as the lever by which increasing extension is made.

The bars are fastened together by four bands of sheet steel, an inch and a quarter wide, of sufficient length to encircle one-half the limb. It usually requires four of these bands. One just above the ankle, one just above the calf of the leg, one at the junction of the lower and middle third of the thigh, and one at the upper ends of the upright bars. To these bands are riveted the straps and buckles which serve to make the apparatus fast to the limb.

Within the pieces of tubing at the upper end of the upright bars fit two ratchets with threads running from the bottom to the top; on these ratchets fit a loose burr, which may be operated easily along the entire length of the ratchet. Attach these ratchets by a swivel to a padded seat-piece, so constructed as to extend about one inch beyond swivels that attach the ratchets both on the inner and outer sides. This seat-piece is made of sheet steel the same as for the foot-piece, to be shaped to so encircle the limb that when padded it will act as a crutch to support the weight of the body.

Cut two pieces of perforated adhesive plaster two and one-half inches wide and of sufficient length to extend from the knee joint to a point just above the malleoli. To these plasters sew pieces of heavy tape of sufficient strength and length to reach through two loops on the foot-plate to buckle on the outside of the upright bar at a point about one inch below the knee-joint.

The brace is now ready for application. By placing the seat-piece in position and crowding it well into place, with the limb extended and the ratchets encased in their shoulders in the brass tubing, it will be found that the apparatus is apparently from an inch to an inch and a half longer than the limb. This is just as it should be, for it is by this means that extension is made. Apply the adhesive plaster smoothly and buckle the tapes as before directed, making them as taut as may be. If this means is not sufficient to relieve all pain and place the limb at absolute rest, a few turns downward of the nuts on the ratchets will serve to increase the extension so as to give immediate and permanent relief.

With a high shoe on the well limb and a pair of crutches of proper length, the apparatus is complete, and the patient may be at once allowed to be up and about. The special features of this appliance, which, I think, will commend it to all, are that it is simple of construction, easy of application, and effectual in its workings. It

allows of unobstructed observation of all parts at all times ; it admits of perfect cleanliness of the limb, and the extension can be increased as the rigidity of the muscles subsides, thus making it applicable to all stages of the disease.

It should be applied at the first appearance of trouble and should be continued without cessation day and night for at least four months, even in slight cases, and much longer in the more aggravated ones. It should never be removed for any purpose without the extension being kept up by an assistant during its removal and re-application.

Another measure of much value especially in the early stages of hip-joint disease is ice, which is best applied by the means of a rubber ice bag about eight inches long and three inches wide placed directly over the articulation. The method of application is of much importance, for unless continuously employed night and day it will be injurious rather than beneficial. It should be applied often enough to prevent without question the parts becoming heated in the interim of its re-application. It should not be discontinued even though the skin become inflamed or blistered, for this condition will subside under its continued use. By the uniting of these two forces—extension and keeping the parts cold—the most essential means have been employed, and if none other are used the result in most cases will be quick relief and early recovery. There are, however, many concomitant conditions of a constitutional character requiring attention, to meet which it is necessary to arrange all environments conducive to health. Without attention to minor details in this regard all forms of treatment may be defeated, therefore the air the patient breathes, the manner in which he breathes, the exercises in which he engages and the rest in which he indulges, should all be carefully regulated, prescribed and proscribed with the same exactness used in the administration of drugs.

All of these matters having had proper attention, the homeopathically indicated remedy is in position to aid in overcoming the constitutional disturbances. Among the chief remedies are *hypericum*, *arnica*, *ferrum phos.*, *calcareo phos.*, *calcareo fluorium* and *silicea*. The individual indication for each being determined by the special symptomatology of the case. They will, however, all be found comparatively useless if the foregoing agencies have not been employed, for with the existing condition an inflamed hip-joint, with the pinching incident to the contracting forces which

serve to its perpetuation unrelieved, we might as well expect to cure an eye suffering from the retention of a piece of steel half imbedded in the cornea, as to expect a hip-joint in this condition to yield to drugs, no matter how much indicated or how carefully selected. As the dependence upon drugs is oftentimes the cause of failure in the early relief of hip-joint disease, I have felt it incumbent upon me to be thus emphatic, for experience teaches that procrastination has cost months of agonizing distress, with all the dangers of a protracted illness to finally terminate in death or a distorted, deformed and incurably crippled limb, thus placing upon a human life an embargo to forever stand in condemnation of professional ability.

SEXUAL NEURASTHENIA.

E. HUBBELL, M.D.

ST. PAUL, MINN.

Sexual neurasthenia or exhaustion is not a well-defined disease based upon etiological factors, but is manifested by an array of symptoms that are pretty constant, and which we must recognize. Some writers doubt the existence of neurasthenia, while others have "covered a multitude of sins" with this term. Some have maintained that sexual neurasthenia was due to anemia, mental and physical overwork, debilitating diseases as fevers, syphilis, thus reflecting weakness upon the sexual apparatus, resulting in sexual debility, inability and apathy.

This condition should not, however, be classed as sexual neurasthenia proper, the sexual debility being the result of these diseases, and not the prime cause. The debility resulting from diseases of the sexual apparatus only may properly be termed sexual neurasthenia. Sexual excesses, prolonged coitus, long-continued erethism with unsatisfied desire, conjugal onanism, withdrawals and masturbation often induce sexual neurasthenia, and it quite generally occurs in young or middle-aged men who have had anterior or posterior gonorrhea, chronic prostatitis (from gonorrhea or masturbation), inflammation of seminal vesicles, differential amputations or rectal diseases; and, in women, from adherent hood of clitoris, irritable hymen, inflammation of uterine canal, tubes or ovaries. It is my belief that the chief etiological factor in sexual neurasthenia is

an irritation of the peripheral nerve fibers of the sexual system, the neurasthenia manifesting itself after the irritation has congested or inflamed the parts till at last the fires of irritation are waning or have died away to an atrophy. The long-continued irritation has exhausted the nerve force, hence sexual neurasthenia. "When the fever has turned, then comes the exhaustion." It is just at this point, after the long-continued irritation or fever has turned, that the symptoms of neurasthenia appear, and continue to increase till atrophy has supervened, when the worst forms of the trouble exist.

That sexual neurasthenia is solely due to mental causes, as some maintain, seems highly improbable, as local measures to restore the tone of the sexual apparatus will invariably remove the mental distress.

Symptoms: The first manifestation is usually a dull aching in the occiput, which may extend over the whole head, causing a sense of constriction, which is usually worse in the morning, after a restless night; patient feels as if he had been dissipating, is more tired than when retiring. The appetite becomes capricious or lost; bowels usually constipated; has a tired, jaded or haggard expression. Mental or physical effort is very tiresome, or even irksome, so that he must drive himself to work. The memory becomes weak or defective, the disposition altered, worries over trifles, is irritable, gloomy, and feels prematurely old, often indulging in tears or suicidal thoughts, even to the act of suicide. Sleep much disturbed, often lying awake night after night. He complains of a thousand and one symptoms, and yet is not really sick. He is around attending to his duties, but usually in an indifferent way. Some seem fairly well nourished, in good flesh, and fair color, yet will surprise the physician with the wealth of symptoms he can relate. Usually he carries the stigma of his nervous trouble in his face. With each visit to the surgeon's office he will have a long list of symptoms to relate that he has not thought of before, and which you hope he will not think of again. He complains of twinges of pain in the head, spine, back, extremities, heart or lungs, any and every where.

The extremities are usually cold and clammy, has hot flashes, weak faint feelings, imagines he has cancer, consumption, heart disease, has difficulty of breathing (sexual asthma), night sweats, etc. Of course the chief center of his morbid thoughts is upon

the sexual apparatus, such as lost manhood, incompetence, weakness, shriveled, cold, relaxed organs with losses, premature ejaculations, etc.

Diagnosis: It is important to determine if the morbid condition originated in the sexual sphere, or was caused by opium, cocaine, alcoholism, etc. It is also highly important that the surgeon be thoroughly acquainted with normal as well as morbid anatomical and physiological conditions of the sexual apparatus, so as to properly interpret their relation to the array of symptoms.

Prognosis: As a rule a favorable prognosis may be given, though it may require months or even years to effect a cure on account of its chronicity. It seldom leads to death, except occasionally by suicide. In inherited neurasthenics and hypochondriacal cases, the cure will be much delayed. A cure will result in three to twelve months in most cases.

Treatment: The mind is so centered on the sexual organs and functions that the treatment must necessarily be directed to these organs—which in truth are at fault—and thereby, with judicious treatment, produce a favorable impression upon the patient.

It is well to outline the treatment, the time required, incidents, the ups and downs, and get a complete surrender and compliance to the physician's best judgment of treatment, or he will become discouraged—want to dictate the treatment or desert you, giving you anything but an enviable reputation. If he has had gonorrhea and there is prostatic trouble, you will be very apt to set up the old discharge, and unless you have prepared him for this he may severely censure you.

All-around official work should be done where needed, so as to remove the peripheral nerve irritation whether caused by congestions, inflammations or atrophy. Then, followed by hot sounds in irritable urethræ every four days and two weeks till irritation is removed. In atonic conditions use of hot and cold sounds is beneficial, supplemented by galvanic and faradic electricity. Where such prostatic inflammation exists or is aroused by passage of sounds, the rectal dilator filled with hot water and inserted into rectum for twenty or thirty minutes each day will give most satisfactory results. The hard rubber dilators are preferable for this work because greater heat can be maintained for a proper period. Where there is atrophy, or great weakness of prostate and vesiculæ seminales cold, or heat and cold in alternation, will be serviceable.

Hygiene, surroundings, conditions, habits, business, family relations, associates, all need the careful attention of the physician.

Congenial, cheerful companionship is very necessary, as he is liable to brood over his trouble if left much alone, and this has a depressing effect on the general system. The physician should note all the objective improvements and thoroughly impress them on the patient, in fact, cheer him up by wholesome, healthful advice. Endeavor to impress him that life is for a nobler, better purpose, than the gratification of lustful sexual propensities. Stimulants, as coffee, tea, tobacco, opiates, alcoholics, etc., should be strictly interdicted, and a plain, easily digested, nutritious diet established. A cup of hot hop tea at bedtime will be found beneficial to the sleepless, giving refreshing sleep, increasing appetite and aiding digestion. Rest from exacting indoor mental work and worry is necessary. Sea bathing, cold and hot sponge baths with friction are useful aids, also massage, out-door exercise, hunting, boating, fishing; etc.

Such remedies as phosphoric acid, phosphorus, kali carb., conium, nux vomica, passiflora, saw palmetto, pulsatilla, iodine, thuja and iod. hyd. and others as suggested by symptoms may render some service. Some of these remedies seem to give better results in the higher potencies, while others act best in crude form. Much patience, tact, skill, discrimination and perseverance are necessary to conduct sexual neurasthenics back to health, vigor and peace of mind.

CHLOROFORM AS AN ANESTHETIC.

JOHN E. THATCHER, M.D.

DALLAS, TEXAS.

Much has been written in recent years upon the use of chloroform as an anesthetic which is of indifferent value. The greatest desire of the majority of writers seems to be to create a feeling of fear of, and prejudice against, the use of it.

The history of chloroform has been one of repeated deaths, and the continued recital of the dire results attending its use without also reciting its advantages and the methods necessary to adopt in order to avoid these results, cannot do otherwise than incite a feeling against it as an anesthetic. After reading many of the books

and papers published upon the subject I am impressed with the belief that very few understand the methods necessary to follow in order to be successful in its administration.

Many teach the right principles but they are preceded by such pictures of death and destruction that its merits are either forgotten or entirely overlooked. "Fear is the deadliest foe to knowledge," and as long as this fear exists in the minds of physicians, they will be rewarded by a large percentage of deaths when they administer chloroform.

Chloroform has its dangers, it is true, but if physicians could be taught its dangers and how to avoid them, these dangers could be forestalled. If each college had a really competent man to instruct in this art and if none but thoroughly competent men were permitted to administer anesthetics, the death rate from chloroform would be very greatly reduced. The use of anesthetics seems to be considered of very little importance by the colleges; indeed, judging by the attention it receives, it seems to be considered of no importance at all.

As a result, doctors are graduating each year and going out to practice knowing nothing about anesthetics except in a general way and the death rate is increased accordingly.

No man who is not especially qualified should ever be permitted to administer an anesthetic of any kind. To gain this point, rigid laws should be enacted and their strict enforcement should be insisted upon.

In giving chloroform to a patient too much time can hardly be taken in getting him under its influence.

I have often read detailed reports of cases chloroformed in which it seemed to be a matter of pride on the part of the anesthetizer that he was able to get his patients under the influence in from two to six or eight minutes. This is all wrong and as long as chloroform is crowded in this manner, just so long will there be a large percentage of deaths from its use. No man can successfully administer chloroform who crowds it in this manner in the beginning. An article recently quoted in the *Medical Record* entitled "The administration of chloroform from an unprofessional point of view" very forcibly pictures the extreme unpleasantness of this method to the patient, to say nothing of the dangers.

Negligence is another fruitful source of trouble. The chloroformist becomes interested in the operation and forgets that he has

the life of his patient hanging by a thread. When he remembers that he has something else to do besides look around he finds the thread has broken, and chloroform is credited with another victim. Again, the chloroformist will lose his head entirely at the first sign of danger and before he can collect his faculties sufficiently to do something rational, his patient is beyond all aid.

To be qualified to give an anesthetic a man should be devoid of fear and not excitable in the least. He should be able to recognize the first sign of danger that may appear and he should then be able to keep his head and act promptly, doing the right thing.

He should so thoroughly understand the work before him and the responsibility of his position that, not for an instant, must he allow his attention to wander to other things. He must watch the respiration and the circulation. The condition of the latter may be noted by the temporal arteries as readily as by the radial and much more handily.

I have never found it necessary to mutilate a patient's tongue with forceps or sutures in order to keep him breathing. When the breathing becomes obstructed by the relaxation of all the muscles, I have never had any difficulty in relieving it by crowding the lower jaw forward, with my fingers under the angles, together with changing the position of the head.

When the respiration stops and the circulation fails, dilatation of the anal sphincters will have a wonderful effect if done promptly.

This seems to be not generally believed, but to any one doubting I would say, "Try it at your first opportunity."

In the administration of chloroform I prefer the Esmarch inhaler and dropper. I always begin very slowly with the inhaler well up, letting the patient become gradually accustomed to the vapor. I take from ten to twenty minutes to get the inhaler down on the face.

In this way all unpleasant sensations are avoided and the patient does not feel that he is being suffocated. When the patient becomes so accustomed to the vapor that it is not unpleasant the inhaler should be placed closely over the face. Sometimes a patient will not succumb readily even then; in such cases a towel should be placed over the lower part of the inhaler, thus excluding more of the air and increasing the quantity of the vapor. If the anesthetizer will remember to drop only a few drops at a time his patient will

be safe. Two or three drops with each inhalation will do the work nicely.

The patient now passes under the influence; some, however, will make a desperate fight just as they are losing consciousness, but there is no need for alarm in this. If the patient requires it, let those about hold him, but the administrator must give his whole attention to the anesthetic. Right here he may get excited and make a fatal mistake by pouring on too large a quantity of the chloroform at one time, thus asphyxiating his patient. A few drops at a time will anesthetize him and do no harm.

When his patient is completely anesthetized, his work is not done; he must keep both his eyes and all his other faculties centered upon his patient. A few drops occasionally will keep his patient under, and when the operation is finished he will awaken safely.

I have anesthetized 904 patients by this method, using chloroform exclusively, and I have yet to lose my first patient or have any bad results.

Very few of those I have chloroformed had any preparation previous to the operation; many had eaten heartily only a short time before.

I have chloroformed many who had been told by physicians that an anesthetic would be fatal to them, and chloroform would be especially fatal.

I believe that, if necessary care is observed, chloroform is as safe as ether and much more satisfactory as an anesthetic.

By necessary care I mean giving the patient only a small quantity of chloroform at a time, giving him plenty of time to become anesthetized, and watching the patient all the time.

CIRCUMCISION OF GIRLS.

T. SCOTT McFARLAND, M.D.

SEDALIA, MO.

After reading Dr. Pratt's article in the March Journal of Orificial Surgery I thought of a case which might be of some interest, bearing out the thought advanced, and as well showing how little those who are blind can see; nor are any so hopelessly blind as those who absolutely refuse to see.

On February 15, 1897, a young couple, bright, intelligent appearing people, came into my office with their only living child, a little girl of two years. She was large for her age, with an abundance of long, light golden hair, fair smooth skin, blue eyes, and a child who never had appeared to notice anything, could not sit alone, nor help herself in the least, could not speak a word. Aggravated case of strabismus of one year's standing. Every few moments she would grind her teeth, of which she had her full complement, squint her eyes, straighten out and utter a cry, not unlike the familiar one of an epileptic.

Parents had taken her to every doctor in town as well as before the Missouri State Medical Society, where after careful examination they pronounced her about hopeless, but advised to do nothing and at maturity she would probably improve. The parents were not satisfied, as that was the advice given them with an older child, and it died at two and one-half, with symptoms identical to this one. Next they took her to an oculist to see if he could relieve the strabismus. He examined the eyes carefully and pronounced them perfect. Told the parents the trouble was of deeper origin, he did not know where, and advised bringing her to me, which they did as before stated.

The family history was nil, save mother had history of brain fever one year before marriage. Both parents very nervous. No other history of any severe illness for generations.

I had the child stripped and immediately saw that the body was covered with hair, as completely as if she were a fully developed woman instead of a two-year-old child.

Knowing such a growth of hair came at puberty, and puberty meant an activity of the sexual system, I examined the clitoris, or where it ought to have been, but it was so neatly sealed in by a hypertrophied hood that I could not find a trace of it.

I told the parents I believed we had the key to the situation, and although it might not entirely cure her, still we had a good foundation upon which to build hope of a cure. As it was the first ray of hope they had ever received they said by all means try.

We immediately administered chloroform and began to unearth the most completely bound down clitoris I have ever seen. The hood where it was amputated was just one-half inch in thickness. From that day the child began to improve; and now fifteen months later, with no medicine whatever save, possibly, 3 ̄ of zinc phos., 6x, and

5 ss of *passiflora*, she can walk, talk some, sleeps and eats well, eyes nearly straight, but little grinding of her teeth. Is still very nervous but infinitely improved, and according to her mother's statement of May 19th, she is getting better, stronger, and in every way improving every day.

Some of the "blind doctors" have opened their eyes and are anxious to know what has brought about such a change.

Only the circumcision of a girl, and as many little girls would be benefited by such treatment as boys. And I for one have circumcised about as many girls as boys, and always with happy results.

SOME PERIPHERAL IRRITATIONS COMMON IN YOUNG BOYS.*

J. H. BEATY, M.D.

ST. CLOUD, MINN.

In preparing this paper on this, so vital a subject, I have done very little theorizing but beg to present reports and comments on a few representative cases.

CASE 1.—Boy aged six years. Fell in an epileptiform fit. No history of any trouble and no other apparent cause than preputial irritation.

Examination showed prepuce long and contracted with orifice hardly large enough to admit a small probe. Under chloroform operated and found adhesions over whole glans and much smegma lodged behind the corona. Made full circumcision and broke up all adhesions. Result: no more fits after a year.

CASE 2.—Shows at what an early age a child with local irritation may acquire the habit of masturbation.

Boy, aged six. Had been detected by his kindergarten teacher acting strangely. After some suspicious movements a strange look would come over his face, after which he would become limp, pale and languid for some time.

A close watch was kept and it was found that he was not only himself masturbating, but had taught his four-year-old brother the art; and these strange looks and actions were evidently connected with a distinct sexual orgasm. Examination showed prepuce normal in length but adherent over the whole top of the glans. To

*Read before the Minnesota Institute of Homeopathy, May, 1898.

combine mental with physical reformation these adhesions were broken without an anesthetic (a very painful procedure both to the patient and everyone else within a block); for a while he was better but after some weeks was detected in his old habit, and it was found that the prepuce was again adherent. Again the work was done, eliciting loud assurances that he would be good, and as far as I was ever able to learn he kept his promise.

CASE 3.—Boy, aged three and one-half years, was noticed to pick the nose and show other so-called “worm symptoms,” also was noticed to stagger and fall often and preferred to play sitting or lying down.

Found prepuce redundant, contracted and adherent. Circumcised and broke adhesions. Result, complete cure of all the unpleasant symptoms.

CASE 4.—Boy, aged two and one-half years. Flabby, illy nourished, peevish and sickly. Found usual contracted and adherent prepuce, also inguinal hernia. Applied truss but found it hard to retain the hernia, and got no improvement in general health, although I prescribed carefully.

Attended to the lesions of the penis and improvement began immediately and now after a year and a half the child is strong and well, the hernia seldom comes down, and we hope to be able to lay aside the truss in the course of time.

CASE 5.—Boy, aged twelve, has suffered from asthma for several years and is getting worse. Prescribed carefully for a month with no improvement. He was taken to an allopath, who prescribed with the same result.

Upon a more thorough examination, no trouble was found anywhere except a very slight adhesion of the prepuce not more than a quarter of an inch wide. Without any expectation of good result I broke this adhesion and advised a change of climate, but to the surprise of us all improvement was immediate and rapid and, although no more medicine was given, the boy is now, after six months, perfectly well.

CASE 6.—Is a strange case of over-development of the sexual organs. Boy, aged eight years, rather small of his age, poorly nourished and very nervous.

Two years before I saw him he had been victimized by a neighbor girl slightly older than himself, and undoubtedly had been made acquainted with sensations far in advance of his years, but I

could get no evidence of masturbation even after having him closely watched for several months. At the time of examination the penis was very irritable, erecting upon the slightest touch and presenting every appearance of a fully developed organ in the state of very strong erection and large enough for an average boy of fourteen years.

Under chloroform the organ relaxed, and showed the prepuce to be quite redundant. I circumcised, slitting the foreskin well back to make it loose, and cut the frenum.

The result was marked and immediate, the peculiar nervous wiggle left him at once, and the boy has since gained rapidly in general nutrition, and is growing rapidly.

I find in my case-books a number of cases of enuresis cured by relieving preputial irritation, and can say that I never yet have seen a boy who suffered from this most troublesome symptom who had not some local irritation, and so far I have cured every case.

Another malformation and source of irritation usually overlooked is the short frenum. I find this a very common accompaniment, if not a cause, of involuntary emissions, and I have found as a result of cutting the frenum in six cases of this trouble that cure has followed in three cases, one has not reported and two are improved.

In my methods of operating I have no set rule, but try to give each case just what it requires.

A normal prepuce should cover about half the glans, and I will not quarrel with one that covers the whole glans, if there are no signs of irritation.

When I circumcise I try to leave just about enough to cover half the glans when the organ is relaxed. I have never employed the high operation, and have heard some complaints from patients who have undergone this style of operation, who suffer from the lack of protection to the sensitive corona. Whatever method is followed, the patient must be instructed as to future care and cleanliness.

In operating I use none of the many instruments specially designed for this purpose, having found them a bother and a hindrance to a perfect result. The tissues should be cut slantwise, parallel with the corona, and not stubbed off at right angles to the axis of the organ, as I have too often seen it done. The skin and mucous membrane should be trimmed so as to fit perfectly before the sutures are placed, and if difficulty is found in making the open-

ing loose enough, the dorsal slit should be employed and corners trimmed off symmetrically.

I do not consider the work complete if the frenum is left too short. It should be of sufficient length to allow the prepuce to be fully retracted without bending the glans under. If found too short, a slight snip with the scissors will be all that is needed.

These cases should be watched by the physician till healing is complete and all adhesions permanently destroyed.

I will not tax your patience with more cases nor details, thinking I have said enough to convince you that there is something in this subject—something that we as conscientious physicians cannot overlook, as it greatly influences not only the physical, but the moral, development of those little ones who are placed in our charge. I hope that more interest may be aroused in this important subject, with the result that much unnecessary suffering may be prevented, and that our pauper and criminal classes, victims largely as they are of the results of sexual perversion and moral instability from physical causes, may be materially diminished as generations pass by, and I am confident that much may be done right along this line to hasten the millenium.

ANNOUNCEMENT.

The twelfth annual class for instruction in orificial surgery will assemble in Chicago at 9 A.M., Monday, September 5, 1898, and will continue to meet daily during the week, as usual.

For particulars of this clinical course, address:

E. H. PRATT, M.D.,
100 State Street,
Chicago.

EDITORIAL DEPARTMENT.

ANNIVERSARY REFLECTIONS.

It is hard to realize that the Journal of Orificial Surgery is six years old, but the bound volumes reflected from the shelves of our medical library demonstrate beyond dispute that this is really a fact and that the present number inaugurates the seventh year of its existence.

When the days are full one scarcely realizes the weeks, when the weeks are full it is hard to see where the months go, and when the months are full the years themselves come crowding by so surprisingly that one scarcely realizes the approach of an anniversary until it is upon him.

Journals are creations of such uncertain age that it is scarcely possible to say at any period of their existence that they are either old or young, for there is no established standard of longevity to measure by. But in the life of man it is different. There is a time of childhood, youth, middle life and old age, whose outlines are fairly well marked by the yardstick of the years, so that while the Journal may be old or young personally we are conscious that more than half of our life has already been spent and the incompleteness of the work to which it has been dedicated breeds an anxiety to see it further on its way, so that when our life's timepiece runs down it may prove to be fairly well rounded out.

We feel that the Journal of Orificial Surgery has served its purpose well and yet we are not satisfied. It must do more. Its influence must extend further, its followers must be multiplied, and the thought for which it stands must pass on still more rapidly to the appreciation it seems to us to deserve. The great problem is how in an honorable manner to accomplish its purpose. The Journal has been published perfectly regardless of expense; its subscription list has always been an exceptionally large one, and its growth has been steady and substantial. Few of the old subscribers have ordered the Journal discontinued, and a large number

of new ones has been added to the list. The object of the Journal is purely philanthropic and never has been and never will be employed as an agent for personal advancement or professional prosperity. That there is no object in the direction of either fame or fortune in its publication, we feel confident those who have read its pages from the first number will not need to be convinced. The sentiment which has breathed through the pages of the Journal like an inspiration has been a love of use and the ambition to be of substantial service to the medical profession, and, through their influence, to the entire world. Those who have read the Journal and not caught this sentiment from its pages have entirely missed its spirit and failed to receive the highest help which it has intended to give.

It seems a fitting time as the issues of another year are being inaugurated to call the attention of the readers to this great fact and entreat them in the name of humanity, if they are not already fully alive to the situation, to begin at once and spread what knowledge they have of orificial principles among their fellow practitioners as widely as possible. By doing so they will obtain positive benefit in two ways: one is the benediction which always comes from doing good, and another is a more rapid increase in their personal progress. Spiritual and intellectual possessions are of such a nature that it is impossible to horde them for exclusive personal use. They only become ours and secure our own development as we impart them to others. Those then who have read the Journal merely for their own satisfaction and enlightenment have profited really but little, and only those who have sought to benefit others by what they have learned, and done what they could to spread a knowledge of the multitude of new and startling revelations which have come from the evolution of the orificial philosophy have been materially helped. If we can all realize that we only get as we give, only get wiser as we make wiser, only receive light as we impart it we will speedily become more advanced pupils in the study of life and pass on to our haven of rest and prosperity and satisfaction at a more rapid pace.

This idea found public expression before the class which was held in orificial surgery on Muncie Island beginning with July 4th of the present month. The week had been an eventful one, and from a professional standpoint the most successful in the history of the work. While the cities and towns of the various states had

been sweltering under the high temperature of an overheated summer time, on the Island there had been delightfully cool and invigorating sea breezes, restful and refreshing to every one present. There were no flies or mosquitoes; there had been ample provision for boating and fishing and sea bathing; there had been crab bakes and eel spearing; there had been bright days and glorious sunsets, and every one present had enjoyed such an instructive and at the same time restful and in every way delightful experience that it was a matter of universal regret that the occasion could not have been enjoyed by a larger number of doctors who needed not only the rest but the inspiration and instruction of the week's work. It was at the last session of the course, in the presence of about fifty doctors, that something like the following remarks were made:

“It has seemed to be our mission to stand for a new thought in medicine, and one of such importance that it has an application in some practical form to every member of the human race. The official philosophy has passed through its experience of skepticism and ridicule and sarcasm in the medical profession, and has at last become a fixed fact, and the impression which it has made upon medical history is so indelible that its work can never be erased. Several thousands of practitioners of medicine have now become imbued with the official thought. It is taught in quite a number of medical colleges, official bureaus are already established in a large number of medical societies, the medical press has at last taken on a friendly attitude, its principles have been well presented in two standard text-books, namely, the Fisher-Macdonald Homoeopathic Text-Book of Surgery and the recent publication upon “Nervous Diseases” by Dr. Elliott of Kansas City. And yet this is not enough. It is too bad that any doctor in the practice of medicine should be ignorant of official principles or that any student of medicine should receive his diploma without having had the advantage of instruction in official surgery, and we have no right to rest in our labors until official work is taught in every medical college in the country and until official journals and post-graduate schools of official thought are multiplied sufficiently to make the knowledge of official surgery a universal medical possession. Medical journals are usually matters of individual enterprise, and medical societies and medical colleges do not as a rule stand for advanced thoughts in medicine, for like other large organizations

of men, they move slowly and cautiously and therefore follow the advanced thought of the time rather than lead in it.

An effective way to spread the knowledge of orificial principles seems to be through these post-graduate courses. At present there are but three of them, one in Chicago, one on Muncie Island, one in Baltimore, each course meeting once a year. But why is it not possible to double the effectiveness of these courses, and also to establish others in other parts of the country? Teachers can and will be willingly furnished for the establishment of whatever schools may be necessary, and whatever demands there are for such instruction will be promptly supplied. Successful orificial work is not an individual accomplishment, and is by no means confined to its founder, and any doctor furnished with the proper general, surgical, professional and personal accomplishments can teach a school of orificial surgery just as successfully as its founder, in proportion to his fitness for the work. Indeed it is a little surprising that some of the teachers filling chairs of orificial surgery in other colleges do not furnish post-graduate instruction. It would be too bad if there were only one teacher in the country who could teach mathematics, or who could teach anatomy or physiology, one only who could teach surgery. It would be just as unfortunate if there were but one person who could teach orificial surgery. But, fortunately, such is not the case, and it seems to us high time that the schools already accomplished should become more prosperous, and that others be started in the near future.

There is but one way to make a school successful aside from the implied condition of deserving success, and that is by the organized labor of its alumni. Where would Yale, or Harvard, or Jefferson, or Rush, or Hahnemann, or Vassar, or Bellevue, or any other college, either literary or medical, be to-day without the sustaining force of an organized, active, enthusiastic alumni? The graduates of every successful institution are invariably active yoke fellows in the interests of their alma mater. It seems to us but reasonable to conclude that post-graduate schools in the orificial thought can best succeed by the same process. It is requested, therefore, of those of you who have had so good and profitable a time on Muncie Island that you would like to come again, that when you set out to do so next year, you bring with you as many of your fellow practitioners as you are able to persuade to join you. If each one present would bring from one to three doctors who know nothing of orificial sur-

gery with you next year, instead of a class of fifty, you would assemble a class varying from one to two hundred. The increase in the size of the class would soon necessitate the establishment of other classes, and then the good work would go on. Remember that truth is not yours until you give it away; that the good you are getting will not half be yours until you have helped others to its enjoyment. There is a society connected with the Chicago class called the American Association of Orificial Surgeons. But this organization is for mutual benefit, and is not organized for philanthropic purposes. There is no organization as yet accomplished of orificial alumni, and it seems high time that a move is made in this direction, not only that the present schools may be sustained, but that others may be formed, that teachers may be multiplied, and that larger numbers of suffering humanity may receive the benefits to be derived from a knowledge of orificial principles than can possibly be accommodated by such a small body of men as appear at these two schools from year to year.

To get an expression of the sentiment of those present, it is requested that all those who are willing to do what they can to interest others in orificial work, rise in their seats.

It is with pleasure that we chronicle the fact that there was not one in the assembly that did not rise, and many expressions of zeal and enthusiasm over the idea were indulged in; so that undoubtedly the next class on Muncie Island at least will be double or quadruple the size of the present one. The subject will be brought up in a similar manner at the next course of instruction in orificial surgery which will be held in Chicago during the week beginning with the 5th of September, and an effort will be made to organize the orificial alumni into active workers for the cause.

It was this incident that suggested the spirit of the present editorial. The knowledge of orificial surgery has been spread not only by the private courses of instruction, but also to a large extent by the Journal. Individual life is short and the work of a few writers, of a few operators, and a few subscribers and teachers is not adequate to the proper advancement of the orificial cause. The orificial thought is based upon well-known facts of anatomy and principles of physiology, and is consequently invulnerable from the standpoint of logic, and practically it has been found so wonderfully efficacious in both curing and preventing all forms of chronic disorders and many forms of acute ones that no freak of medical fash-

ion or fancy can ever relegate its teachings to the musty records of abandoned theories of practice. It has come to stay, and although the methods of application of orificial principles may change, as time with its experiences makes us wiser, the fundamental principles of the orificial philosophy must forever remain untarnished by the attrition of time, and what they can do for humanity will always be needed in the cure and prevention of disease.

As the Journal of Orificial Surgery becomes more prosperous, other journals will be established, and by means of increased printing as well as increased clinical instruction which will be furnished by post-graduate schools, the knowledge of orificial truth will ultimately become so widespread as to be the common possession of all medical men, and through them the legitimate inheritance of all mankind, whose pitiable sufferings are calling so loudly for the healing touch of the new truth. If the readers of the Journal are as much in dead earnest as its editors the subscription list of the Journal will be doubled at least before its seventh year is half rounded out.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

1. OBSTETRICAL FEES OF THE PURELY ETHICAL.—MR. EDITOR: In St. Louis the usual professional fee for an obstetrical case is \$25; but I know that some of the purely ethical take such cases for \$10, visit the patient every day, and wash the baby themselves, and charge only the above amount, even where patients are able, thus cheating the profession, taking the place of the common mid-wife, and robbing the professional nurse. In these days of 50 cent hospitals, charges and services rendered as above, of what use is it to study medicine?—*The American Medical Journal*.

The question of fees is worthy of careful consideration. They should be based on justice, which, to some extent, must be measured by social conditions. It would be an injustice to exact as large a number of dollars for taxes from a man who owns property of small value as from one who owns property of large value. It would be equally wrong not to exact any tax from the former because he could pay but a small sum, for were that done, not only would he receive protection from the government, for which he is able to pay, for nothing, but it would be a step toward pauperism, which brings loss of self-respect. The tendency of the very rich or the very powerful class is to drive the class of moderate means into the third class, which is that of abject poverty. We believe this is unintentional, but nevertheless it is the outcome of conditions. The medical fees in the country are smaller than those in a large city, yet the average ability of the inhabitants of the former to pay is greater than those of the latter. Again in the country the fees are placed within the reach of those of average means; in the city the fee book shows them placed within the means of the rich much above what the person of average wealth is able to pay. The result is to force the city patron to patronize the free dispensaries, or, what is very common, not to pay his physician's bill. The doctor whose books show a large amount, but who collects 50 per cent or less, not only deceives himself, but educates his patrons to expect larger and larger discounts and to finally make the element of cost an important factor in selecting a physician. It is better for both physician and patient to charge one dollar and collect it than to charge two dollars and collect but half. Because of large fees free dispensaries are filled to overflowing with patients, and the collections in the aggregate greatly diminished. The doctor who treats twice as many patients at a free dispensary as at his office reduces the average fee two-thirds, and, hence, does more to lower fees than the physi-

cian who charges and collects a moderate price. Again there is much medical knowledge disseminated for a nominal sum, practically free, through organic instruction in schools, health journals, newspapers and lectures. This free work in all the lines is done very largely by the ones who are protesting against reduction of fees. It is never right to charge an exorbitant price, but in ninety per cent of cases it is right to charge something, the amount depending on the financial condition of the patron.

2. The last number of the Clinique contains a translation of an article of Professor Triper by Dr. Stettler on "Hot Water Enemata in Gastric and Intestinal Hemorrhage." Several cases are reported treated by hot water enemata. One had indications pointing to gastric ulceration with persistent bloody stools, which other treatment failed to control. The patient had become so anemic and debilitated that death seemed inevitable. An enemata of hot water at once arrested the hemorrhage and the patient was restored to health. It was used in relapsing intestinal hemorrhage in a case of typhoid fever with success.

Another case of recurring hemorrhage was cured by injection of water at a temperature of 118° to 122° F. given three times per day. Ergotine was given, but as it had been used prior to the use of the water without benefit, the favorable result was attributed to the enemata.

3. The following for determining the amount of solids in the urine is taken from The Post Graduate:

The importance of considering carefully the quantity and quality of the urine not merely in cases where there is gross degenerative change in the kidneys themselves, but also in cases where there is no appreciable lesion, cases gynecological, cases dermatological, etc., is becoming increasingly evident to the more thoughtful physicians, specialists as well as general practitioners, and the work of Etheridge, of Chicago, and Bulkley, of New York, is especially suggestive as regards the relation of renal insufficiency in kidneys not organically diseased to some of the diseases peculiar to women, and to diseases of the skin (Jr. Am. Md. Assoc., Jan. 8, '98). To get the total quantity of urine passed per diem, Bulkley has his patients use an ordinary two-quart mineral water bottle, with a strip of paper pasted on the side for the scale. This is graduated by filling the bottle from a two-ounce measure and marking off each two ounces, the intervening ounce being determined by the eye. A glass funnel is placed in the mouth of the bottle, so that all the urine can readily be poured in as passed. The index is read off, the amount recorded, and the bottle emptied at a fixed hour every day, and a sample of the whole sent to the physician's office with the statement of the total amount passed. The total solids are estimated from the specific gravity of the sample by Haynes' modification of Haeser's method, viz.: Multiply the last two figures of the specific gravity of the urine by the number of ounces voided in twenty-four hours and add 10 per cent. of the product. Thus, say the amount passed was 36 ounces and the specific gravity 1.021; $36 \times 21 = 756 + 10 \text{ per cent.} = (75.6) = 831.6$, the number of grains of solids passed in the twenty-four hours, and whether this be above or below normal can be readily determined by reference to three tables, the first of which was prepared for Dr. Etheridge by an expert physiologist, showing approximately how much solids a healthy person in active exercise should excrete by the kidneys daily, according to his bodily weight. It is as follows:

Weight.	Total Urinary Solids.
40 pounds.....	392 grains.
50 ".....	479 "
60 ".....	568 "
70 ".....	639 "
80 ".....	716 "
90 ".....	789 "
100 ".....	854 "
110 ".....	916 "
120 ".....	974 "
130 ".....	1028 "
140 ".....	1078 "
150 ".....	1150 "
160 ".....	1198 "
170 ".....	1287 "
180 ".....	1260 "
190 ".....	1300 "
200 ".....	1380 "

Etheridge, however, in view of the fact that women always excrete less than men—probably about one-tenth less—and that women out of health and who come for treatment may be expected to excrete less than those engaged in active work, has constructed a table for practical daily work, showing the minimum that a woman of average health may be expected to excrete daily in proportion to her weight:

Weight.	Total Urinary Solids.
90 pounds.....	500 grains.
95 ".....	535 "
100 ".....	570 "
105 ".....	605 "
110 ".....	640 "
115 ".....	675 "
120 ".....	710 "
125 ".....	745 "
130 ".....	780 "
135 ".....	815 "
140 ".....	850 "
145 ".....	885 "
150 ".....	920 "
155 ".....	955 "
160 ".....	990 "
165 ".....	1025 "
170 ".....	1060 "
175 ".....	1100 "

These tables are computed for persons under forty years, the period of more active metabolism. Between forty and fifty years a deduction of 10 per cent. should be made, 20 per cent. between fifty and sixty, and 30 per cent. between sixty and seventy. Among the cases given by Etheridge, the following is illustrative: A multipara sorely troubled with general metritis and double laceration of the cervix, complicated with an obstinate bronchitis with profuse secretion, the severe cough aggravating the pelvic suffering and vesical irritability as well the profuse leucorrhea. She was better in summer, and in warmer climates where she sought relief, but with the advent of cold weather, her bronchitis invariably returned, aggravating all her ailments. She had been industriously and repeatedly gynecologized, but without result. Finally it was found that she was passing but 298 grains of urinary solids, when her normal amount should not have been less than 850 grains. Stimulating diuretics, tonics and a laxative increased her urinary solids to 950 grains within thirty days, and though it was winter, the cough disappeared and she was in better health than for many years. One of Bulkley's cases was a girl of twenty-three, who gave the history of grave uterine troubles, among which was profuse menorrhagia with very great pain. For these troubles she had received "an infinity of treatment" for several years. She had become unable to climb stairs, so she had an elevator put into her house. She sought treatment for an indurated acne, one of the

worst cases Bulkley had ever seen. She came in a carriage. For her acne alkaline diuretics, laxatives, tonics, etc., and a regulated diet was prescribed, and she took meantime no gynecological treatment whatever; but as her acne began to yield, her pelvic symptoms improved. She surprised the doctor by walking upstairs to his office, and by the time her acne was cured she was walking a mile to the doctor's house without discomfort and had abandoned the elevator at her home. She had been symptomatically cured of her pelvic trouble by a treatment directed to the relief of insufficient kidney and bowel action. This is a fertile field for the general practitioner. If he shall see fit to cultivate it assiduously, it may be thus he can, perchance, hope to lift from the shoulders of some overworked specialist the burden of a thousandth oophorectomy or appendectomy.

4. CHRONIC GASTRITIS. BY LOUIS A. KENGLA, M.D., SAN FRANCISCO, CAL.—A report of a very severe case of gastritis was freely copied in medical journals during the year 1896, in which glycozone was successfully used.

At that time, J. W., aged 38, a blacksmith, came under my care. His illness began in 1894 with the usual symptoms of gastritis. In January, 1895, he had become so much worse that he placed himself in the hands of one of our best physicians, under whose care he continued until November of the same year, when I was consulted.

After hearing his history and the treatment given, I urged him to return to his physician, insisting that nothing more could be done. My protest was in vain.

Examination revealed an emaciated, thin and badly nourished body; his eye, skin and color, fair though pale; his temperature normal; the bowels inclined to constipation with occasional diarrhoea with whites, pasty, offensive stools; the lungs, heart and kidneys healthy; the liver a trifle small.

There was no painful point and no evidence of enlargement, tumor or ulcer. He was so thin that the abdomen could be most thoroughly examined. His tongue was heavily furred, red at the tip, indented at the edges, and the papillae red and prominent.

He complained of being unable to take either solid or liquid food even in small quantities without causing heaviness, weight, oppression, pyrosis, eructation of gases, nausea and finally headache and vomiting.

Since 1894 these symptoms had increased in severity, the nausea never ceased and this whole array of complaints would gradually accumulate in force and energy, overwhelming his system with an attack of headache and intermittent vomiting, that would last from three to five days.

In 1895, these storms growing worse, rendered his life almost unbearable. I had been attending him about a week, when one of these attacks occurred. He had been vomiting one day before I saw him. The scene was truly pitiable. I found my poor, emaciated patient in a small darkened room scarcely able to raise his head, gagging and straining constantly, bringing up finally by the greatest of efforts, a teaspoonful of white glary mucous; his head bound tightly or wrapped in ice cloths; his eyes congested; his cheeks hollow; his skin sallow and pale; his face bespeaking the intense agony he suffered, begging and pleading to those around him for relief from the horrible nausea and retching.

I remained with him an hour, and during that time he was not free for five minutes from efforts at vomiting. His sleepless, aching brain seemed racked to distraction. He would gag, vomit, and fall back exhausted.

This continued three days, gradually lessening. Sleep came only through exhaustion. Every particle of food (liquid or solid) was promptly vomited. During these attacks, the temperature was increased from 99 to 103.

These attacks were always of a similar character and from November 1, 1895, to July 3, 1896, they occurred every ten days or two weeks.

The physician who had treated him had used drugs, diets, and lavage faithfully and persistently, so that at the outset, I was completely handicapped.

I began with the remedies which had given relief in similar cases, and in turn used acids, alkalies, alteratives, pepsin, digestants, purgatives, tonics, bitters, sedatives, diets, etc., either singly or in combination, until I had exhausted all the resources at my command.

The only perceptible relief came from the use of small doses of diluted hydrochloric acid between the attacks and a solution of cocaine and morphine during the paroxysm.

About July 3, 1896, I read the article referred to above, and in desperation and despair of ever relieving him, I ordered glycozone one-half, then one drachm, well diluted, twenty minutes before meal time.

In a few days he said he felt better; within a week he repeated the assertion. To the utter astonishment of myself and his friends, one, two, four and even six weeks passed, without a reoccurrence of his severe symptoms.

About August 20th, he was so much improved, that to hurry matters I concluded to try lavage again. This was done at 5 P. M. and at 10 that night he was in the throes of an attack, which lasted two days.

He then resumed his glycozone and continued to improve till October 15th, when on account of inactivity of the bowels and costiveness, he was given two grains of calomel, which brought on a slight headache and considerable nausea.

He had already been taking more food, but from this time, it was increased in quantity and character, eating three fairly good meals a day, and enjoying them.

After beginning the use of glycozone, the acid was continued a few weeks, after meals, then left off entirely. No other medicine was used, except occasionally a pill of aloin, belladonna, strychnia, cascara, when bowels were sluggish.

To him glycozone proved the greatest boon, and to me, the relief given was simply wonderful.

It is useless to add, that I have used the remedy in many cases since, and have met with excellent and even astonishing results.—*N. E. Med. Monthly.*

5. The Southwestern Progressive Medical Journal advises the following for incontinence of urine:

R Belladonna gits. x.

Rhus aromatica ℥i.

Aqua dist. q. s. add ℥iv.

M Sig.—A teaspoonful four times a day.

For incontinence in a child that is suddenly seized with a desire to urinate, and must be immediately gratified or suffer severe pain, petroselenium will produce satisfactory results. Linaria is another remedy to be thought of with painful urging to urinate. We have seen marked benefit from both the above remedies.

6. REFLEX BETWEEN THE NOSE AND THE UTERUS. A PRACTICAL INSTANCE.—By H. S. Drayton, M.D., New York. In one of my medicals of recent date, I noted a quotation from Professor Mackenzie, of Johns Hopkins University, to the effect that there was a relation between the uterus and the membrane of the nasal passages—which, if understood, might serve as a clue to treatment of uterine troubles. From some experience of my own in the observation of nose and throat maladies, I can affirm the statement that cases are met with "in which congestion or inflammatory conditions of the nasal passages make their appearance at the menstrual period," and may be annoying enough at that time to require medical attention, while at other times there is little or no annoyance in the performance of the respiratory function.

Not long ago, a young lady somewhat gifted with singing capabilities, came to me for treatment, having quite lost her voice. I found a sub-acute laryngitis as the causal factor, and treated the case successfully. While she was under treatment, her mother called at my office and stated that her daughter was a sufferer from dysmenorrhea. At each menstrual period severe pains were experienced, which continued for two or three days, until the flow was fairly established. Advice received for relief had but a temporary effect, and, of late, the girl's trouble in this line appeared to be on the increase. I requested the lady to have her daughter come to me in the outset of the period, or a day or two before the expected dysmenorrheal invasion, and I would try to do something for her. The girl came. I examined her nose and found the turbinal membrane deeply congested, on one side cushioning the septum. Applications were made for the reduction of the tumefaction, and a wash given for frequent use.

A week later the mother reported that the girl "had suffered less this time than she had for a year." I said, "Now, let her come to me next time and let us see if we can not repeat the good work." She came. Her nose presented an appearance similar to that at the previous examination, with, however, a trifle less swelling. This time I cauterized the membrane slightly, and repeated the wash. When I saw the girl again she broke out with "Oh, doctor, I have had such a good time—not the least pain—and I am so thankful to you."

No further treatment of the nose by me has been given; she uses the simple alkaline wash that was prescribed, and that has the desired effect so far. How such distant local applications can influence the uterine function I am not prepared to explain; but that there is a physiological and a pathological relation between the parts nasal and the apparatus of sexhood certainly appears to the extent of a marked reflex. The occurrence of nasal catarrh in those given to excessive venery, or to practices of a perverted sexuality, is common enough. It aids in our diagnosis of such practices. How far treatment of nose and throat might go toward correcting sexual vices is a matter of very uncertain conjecture. I should not expect much success in the local treatment alone.

In the case of the girl the effect of the treatment in producing an altered condition of the uterine tissue is unquestionable. Both mother and daughter, at first, as was stated to me, looked upon my manipulations of the nose as absurd. "How could any such thing," they remarked one to the other "have any effect in the pelvic region?" Now, they say, "it is wonderful—and who would have thought of it?"

I should be glad to hear from other physicians, nose specialists, or others, who may have had experiences similar to mine.—*Medical Brief.*

An abnormal condition of any part of the body may produce either functional or organic trouble of any other part, no matter how remote. In chronic cases every organ should be examined to enable the physician to afford the most benefit to the patient. The nasal cause of the dysmenorrhea seemed absurd to the mother and daughter simply because of their lack of knowledge of the reflex influence of the nasal irritation. We have personal experience of local treatment of the nares stopping catarrhal secretion which was immediately followed by leucorrhœa, which responded to the same kind of treatment with the same remedy, but was followed by a return of the nasal discharge. Of course all chronic nasal affections may not result in marked sexual troubles, but when they are cured the general health of the patient greatly improves. It is also true that sexual disease may produce or aggravate nasal diseases; therefore the former must be cured to be successful in treating the latter.

C. A. WEIRICK.

JOURNAL
OF
ORIFICIAL SURGERY.
CHICAGO.

REPORT OF CLINICAL CASES OPERATED UPON AT
THE MUNCIE SURF SANATORIUM.

MUNCIE ISLAND, BABYLON, L. I.,

JULY, 1898.

(Continued From July Number.)

JULY 7.

CASE 9.—Miss P., 23 years of age; single.

Diagnosis: Neurasthenia.

Previous personal and family history: Never was very strong; began menstruating at 16 years. At 17 years of age caught cold; since then has had dysmenorrhea, with rather profuse flow. About four years ago she took another cold, producing a cough which lasted over a year and which was the beginning of her present ill-health. About two years ago she began to have menstrual headaches, with pain and weakness across the sacral and lumbar regions. She has leucorrhea, with a general tired and weak feeling. She is intensely nervous and out of sorts with the world in general and with her parents in particular for bringing her into this world.

Local condition: Elongated labia, adherent hood, retroflexion, soft, flabby uterus, catarrhal condition, cystic and enlarged ovaries, rectal pockets and tense sphincters.

Operation: Loosening prepuce, ventral fixation, ovary patching, and removal of appendix, amputation of labia, removal of rectal pockets and dilatation. Highest pulse, 126; lowest pulse, 90.

Temperature: Highest, 102 4-5; lowest, 98 2-5.

Some nausea; considerable trouble to move bowels; abdominal pain. Expelled considerable gas with clear water enema.

The pulse and temperature have been erratic, which is probably due to nervous influences.

July 16: Pulse, 100; temperature, 101.

With no history furnished us but the patient herself, the local condition here encountered would give us information concerning the nature of this poor child's life struggles. The elongated and hypertrophied labia minora, which are rough along the margins, speak of an emotional and at the same time sensitive nature, while the pale color of the tissues, the soft, flabby, retroflexed condition of the uterus give evidence of extreme prostration of the sympathetic energies, with all that that means in the experience of a life. It is perfectly useless to do ordinary orificial work — merely trimming up the vagina — doing what little work is to be done, and dilating, and curetting, and packing the uterus. There will be no relief for this girl so long as the uterus is left in a retroflexed condition, and it is too flabby to hope for spontaneous cure from mere dilatation. We are confronted, therefore, in a weak, frail specimen of humanity with the problem of doing everything that is to be done at one sitting, or doing the orificial work at the present time, and postponing until another occasion the work which is to correct the uterine position. This case illustrates an important lesson in orificial work. It will be safer as a surgical measure in a case of this kind to do all the work that is required at one sitting than it will to simply do the orificial work, and pay no attention to the ovarian enlargement and malposition of the uterus. I mean to say that at the completion of the orificial work, which will involve the amputation of the labia minora, the loosening of the hood of the clitoris, trimming away of the roughened hymen and the rough surfaces of the urethra, dilating, curetting, and packing the uterus, excising rectal pockets and practicing rectal dilatation, if the patient proves to be in a very weakened condition, even at the point of collapse, it will be safer to perform laparotomy upon her and practice ventral fixation than it will to leave it undone. The pressing backwards of the uterus upon the rectum and the hypogastric plexus of nerves is such a source of continuous nerve waste, and the removal of the pressure is such an immediate and substantial relief, that the ventral fixation seems to me in this case a better proceeding to a safe handling of the case.

First of all, therefore, we will do the orificial work, and then

perform the celiotomy. If the good physician that delivered this child had only known of it, or been thoughtful enough to loosen the hood of the clitoris a few days after the child was born, in all probability this extreme sexual waste, which has staggered the girl's footsteps throughout her tired career, would have been saved, and the serious operation which we are now performing would have been uncalled for. She has undoubtedly missed the things which she should have done, and done the things which she should not have done, under the unhappy physical suggestions first induced by an adherent hood of the clitoris. Do I put it too strongly if I say that fully one-half the girls of this and every other country are thus handicapped in the race of life? It is your duty and mine to see to it that the lesson of this and every similar case is brought to the knowledge of the entire medical profession.

Having now loosened the hood of the clitoris, and amputated the labia minora, and smoothed up the hymen and orifice of the urethra, we will dilate, curette, and pack the uterus. As you see, there are numerous granulations; but they are pale and anemic, like the organ in which they have grown. We will not leave the packing in, because if in performing the ventral fixation the fundus should prove to be extremely thin, and we should enter the uterine cavity with a needle, we might put the stitch through the packing and make it impossible of removal. Then, too, the shock of a foreign body in the uterus would be too much to impose upon this case, in view of all the surgical measures which it calls for. So after introducing the packing simply to dry out the uterine cavity we will remove it. Having now also trimmed away the rectal pockets, dilated the anus, clearing out the sigmoid with sigmoid speculum which, as you see, has brought away with it much mucus, indicating a catarrhal condition of the sigmoid, we will proceed with the celiotomy.

Having secured the uterus at its fundus in the grip of a double vulcellum, while an assistant is dragging it as far as convenient without undue tension upon the tissues into the abdominal opening, we will follow one margin of the broad ligament until we reach the fimbriated extremity of the fallopian tube. Having brought this now into view, the situation of the ovary is discovered. A few adhesive bands, which resulted from chronic ovaritis, are broken up, and the ovary is now in sight. Having split

a large abdominal gauze sponge half way in two, the ovary is placed at the centre of the split, so as to exclude it from the contents of the abdominal cavity. There are so many cysts that the most satisfactory way to exterminate them will be to split the ovary open lengthwise, snip all the cysts from the surface, and then stitch together again by means of a continuous suture of fine catgut, employed subserously. The ovary can now be dropped back into the abdomen. The remaining ovary, as you can see, is equally cystic, and can be treated in the same manner. No comments will be necessary upon the completion of the work, as the ventral fixation is performed in the usual manner.

It is always well while the abdomen is open to examine the appendix of such cases as the present one, because it is quite liable to be found in an abnormal condition in cases of sigmoid catarrh, such as this case has presented; and here is the appendix, elongated and swollen, presenting evidence of chronic inflammation of its lining. Although the patient is not a strong one, and the operation for appendicitis is sufficiently serious in itself to constitute all that should be done at one sitting, nevertheless this patient, it seems to us, will stand a better chance of recovery by removing the appendix than by permitting it to remain.

The abdominal wound will now be closed by a single thread of catgut, bringing together first the peritoneum, second the aponeurosis of the abdominal muscles, and third the integument, stitching it sub-cutaneously. The supporting stitch for the uterus is not tied across the wound, but held by the button and shot fastening on either side.

August 18th: I am glad to report that this case has made a beautiful and satisfactory convalescence, confirming the surgical judgment exercised.

CASE 10.—Mrs. B., widow, 46 years of age. Diagnosis: Neurasthenia. Previous family and personal history good. Previous to marriage had painful menstruation; since birth of child, which was twenty-six years ago, has been better of dysmenorrhea and in fairly good health up to three years ago, when the following symptoms presented themselves: Frontal headache coming on at three or four o'clock in the morning, relieved by eating; much flatulence and a dull aching of the stomach after eating; much drawing and aching through the left inguinal region, back and hips; when standing, a drawing sensation in rectum down to feet; pricking sensation

all over body; general irritability of nervous system. Been conscious of rectal trouble for years; has not walked for two years; she is very erratic and unreasonable.

Local condition: The pudenda is not much at fault. There are some hemorrhoids in the rectum, but the uterus is retroflexed, and there are evidences of extensive adhesions, involving both the uterus, ovaries and tubes.

Operation: Hysterectomy, rectal dilatation and kneading.

Temperature: Highest, 100 2-5; lowest, 98 4-5. Pulse: Highest, 90; lowest, 72.

Little nausea on first day. Bowels moved fourth day. High enema of water. Abdominal pain from gas first day.

July 16: Temperature and pulse normal.

There is but one thing to do in the present case in order to secure satisfactory results, and that is to remove the uterus and its appendages. Although this woman has had some congestion of the uterine appendages, throughout her history you will notice she has been in fairly good health until three years ago, so that in all probability, if she had been put in repair in a reasonable time after the birth of her child, the organs would not have suffered such serious degeneration as they present at present. A stitch in time saves nine, but the stitch was omitted in this case, and there is nothing left for us to do now except to remove the organs. She has passed the child-bearing period, the organs are in such a dilapidated and broken-down state as to be beyond repair, and any efforts in this direction would be simply to run the risk of fatal inflammatory processes and result in no permanent good. Vaginal hysterectomy is therefore performed, there being nothing unusual in the operation except that no clamps or ligatures are called for, it being done by the dissection method.

The hemorrhoids were treated by kneading and dilatation, cutting of the rectum always being avoided as much as possible in a case of hysterectomy.

As the class was desirous of seeing Dr. Libbie Muncie operate upon a case of hysterectomy, she was requested to operate upon this case, and did so with credit to herself and delight to her audience. She is a rapid as well as intelligent worker and exceptionally skillful in her surgical work. She exhibits much aptitude in exposing her field and in the manipulation of her tools. Her surgical judgment and execution as exhibited in this case were beyond criticism.

August 18th: This case made an uneventful recovery. Her invalidism is rapidly passing away, and her duties in life can once more command her attention.

JULY 8.

CASE 11.—Mrs. H., age 27 years.

Diagnosis: Endometritis.

Previous family and personal history: Father died of sunstroke at 42 years of age. Patient always healthy; menstruated at 12 years; four living children; eight miscarriages, all boys; troubled with flatulent dyspepsia; for one year troubled with backache; bowels constipated; excessive offensive leucorrhea, excoriating parts. Eight years ago was so sore could not walk from salt rheum.

Operation: Repair of perineum and cervix, slit work on rectum.

Temperature: Highest, 99 4-5; lowest, 98. Pulse: Highest, 85; lowest, 70.

Nausea slight two days. Bowels moved third day with oil enema followed by water.

Local condition: Uterus in normal position, but lacerated; laceration partially healed; perineum lacerated as far as the sphincter ani, and unhealed, rectocele, hemorrhoids.

The suturing employed upon the cervix in this case was the celebrated Buck-Fahnestock-Muncie-Pratt stitch, described and illustrated in a previous number of *The Journal of Orifical Surgery*. The stitching of the perineum was entirely subcutaneous.

July 16: Temperature and pulse normal.

CASE 12.—Miss A., 49 years of age.

Diagnosis: Flatulent dyspepsia and neurasthenia.

Previous family and personal history: Father and mother both dead; mother died of Bright's disease. Patient has never been strong; began menstruating at 13 years, occurring every two weeks, then would skip several months, and then repeat every two weeks profusely; always nervous. At times her mind wanders; partial insanity; incapable of grasping a thought.

Local condition: Adherent hood of the clitoris, otherwise pudenda normal, rectum slightly congested, the main trouble being with the uterus and its appendages; uterus retroflexed and fixed in its position by firm bands of adhesion, which involved also the ovaries and tubes; vagina narrow, vulva small.

Operation: Hysterectomy, severing and repairing perineum, rectal dilatation.

Temperature: Highest, 101; lowest, 98.

Nausea slight; bowels moved third day with oil enema.

This is another case for hysterectomy, but owing to the narrow entrance to the vagina it will be necessary to sever the perineum as far as the sphincter and in order to secure a sufficient space through which to extirpate the organs and at the same time save tearing the tissues by undue tension of the retractors.

The operation was performed after the dissection method, neither clamping nor ligating the broad ligaments. Both uterine arteries were tied, however, to avoid the possibility of hemorrhage, as the uterus was high up, and in case of wounding an artery its securing would be a more or less difficult procedure. Owing to the small calibre of the vagina the uterus was removed first and afterwards the ovaries and tubes, thus varying from the usual custom of removing the uterus, ovaries and tubes all as one piece. The wound was closed with catgut, sewing together first the margins of the severed peritoneum, and afterwards the wound in the vault of the vagina.

July 16: Temperature and pulse normal. Wound healed by first intention.

CASE 13.—Mrs. B., age 28 years.

Previous family and personal history: Father died of sunstroke. Mother living, in good health. Patient had diphtheria at 7 years; left throat weak until menses appeared at 14. Regular until 18 years of age; painful until childbirth; had eight hemorrhages following confinement; suffered with headache and backache. Has leucorrheal discharge before menses, which is scalding like salt water. Very nervous; sleep and appetite good. Always weakly and nervous.

Local pathology: Rectal pockets and papillæ, ragged vulva, adherent clitoris, laceration of the cervix, partly healed, perineum torn as far as the sphincter.

Operation: Repair of cervix and perineum, loosening hood of clitoris and slit work on rectum. Temperature, highest, 100 2-5; lowest, 98 2-5. Bowels moved third day. No trouble, oil enema. Began menstruating third day after operation. Nausea slight one day.

This is another case where an adherent hood of the clitoris has

been neglected for a lifetime. But it is not too late to free the sympathetic nerve of its perpetual drain. As the cervix and perineum are to be repaired, the healing will be better accomplished if the terminal nerve fibres of the sympathetic at this point are liberated from their thralldom. The stitching of the cervix in this case was accomplished as follows:

After the uterus had been dilated, curetted and packed and the packing removed, the cicatricial plugs taken away and the cervical surfaces properly denuded, end stitches of catgut were taken so as to properly shape the external os, and then deep stitches were taken on each side high up on the cervix in a longitudinal direction, each stitch passing through the cervix twice, so that in securing the stitches, which were placed close to the undenuded cervical mucous membrane and as near the internal os as possible, the tightening of the stitches, which was done posterior to the cervix, neatly coapted the entire surface of the wound. This stitch is a remarkably effective one in cases where the wounded surface is a broad one and where the tissues are too soft and succulent to adapt the case for the magical stitch employed in case No. 11.

In making these lateral stitches the needle is entered posteriorly, transfixing the lower one-half of the cervix close to the undenuded track, entering the tissues of the upper one-half in a corresponding position and coming out close to the bladder, care being taken not to puncture this organ. The needle is then entered on the bladder side, an eighth of an inch below its point of exit, is made to transfix the tissues of the anterior part of the cervix again close to the undenuded track, piercing the posterior lip of the cervix in a corresponding position and making its exit about a quarter of an inch from its first point of entrance. The two ends of the thread are now tied together, bringing the knot on the posterior surface.

CASE 14.—Floyd S., 8 years of age.

Personal history: patient weak, anemic, nervous.

Local condition: Elongated, adherent prepuce, rectal pockets.

Operation: Circumcision, slit work.

In circumcising this case the usual method of employing tenaculum and T-forceps for rendering the prepuce tense and then amputating the lower half with the knife and the upper half with the scissors, as has become the common custom now with orificialists, was omitted and the foreskin was removed by hand work, as follows:

A long, narrow-bladed, sharp-pointed bistoury was made to pierce the foreskin opposite the upper margin of the corona on its dorsal aspect, the edge of the knife being toward the operator. Traction upon the knife then severed the foreskin. The lower corners of the wound were then seized with T-forceps, as was also the lower margin of the foreskin. By means of a pair of scissors the foreskin was then amputated, the guide to the extent of the amputation being to leave a narrow strip of the mucous membrane perhaps half an inch wide and extending symmetrically about the circumference of the foreskin, after the amputation. The skin and mucous membrane were then coapted in six places, equally distant, by interrupted sutures of catgut. The extremities of the catgut in each stitch were then made to secure a roll of cordine such as is used in uterine packing, thus making the complete circle of the foreskin, drawing it tight enough to make retraction impossible, at the same time leaving sufficient space for urination after the manner employed by Dr. Richardson.

July 14: Discharged. Wound healing by first intention.

JULY 9.

CASE 15.—Miss M., age 23 years.

Previous personal and family history: The patient was a healthy child. She began menstruating at 13 years. The menses were irregular, but not painful. Three years ago she was ill in bed most of the time for two months, with weakness, and intense backache, dysmenorrhea, and sick headaches, during which time she had local treatment, with but slight relief; has been gradually failing ever since. During the last year, and ever since January, she has lost ground very rapidly; she has kept up by will power; sleep and appetite have been very poor; she has had constant pain in left ovarian region, which is aggravated by going up and down stairs.

Local condition: Adherent hood of the clitoris, rectal pockets, and small hemorrhoids, uterine catarrh, retroflexion, cystic ovaries.

Operation: Ventral fixation, ovary patching, hood loosened, and slit work.

Temperature: Highest, $100\frac{2}{3}$; lowest, $98\frac{1}{3}$.

Bowels moved second day. (Epsom salts). No abdominal pain.

This case is so similar to Case No. 9 that extended comments

will not be necessary, except to notice that patient was extremely weak, especially after the performance of the orificial work, the weakness being due undoubtedly to the mal-position of the uterus. The performing of ventral fixation served to relieve this difficulty, and reaction was prompt. The appendix in this case was found to be in a normal condition, and was therefore permitted to remain unmolested.

This is but one more of a great multitude of similar cases that are so common among the patients of every practitioner. They are cases that if left unmolested pass on to chronic invalidism and premature death; but by the aid of orificial procedures are granted a renewal of health and a prolonged earthly sojourn.

July 16. Pulse and temperature normal.

CASE 16.—Mrs. W., age 44 years.

Diagnosis: Fibroid tumor.

Previous personal and family history: Father died of catarrh of the bladder at 65 years; mother died at 63 years; had an ovarian tumor removed. Patient has five children, eldest 24 years, youngest 16; commenced menstruating at 13. About three years ago ill health began; was examined, found fibroid tumor; has hemorrhages when menstruating; blood stringy and dark; has constant pain in abdomen; has great pressure at the back of head; loss of memory; a dragging-down feeling continually, passing up to base of brain if continuing on her feet, the pressure drawing her head backwards. Began to fail rapidly three years ago, perfectly well up to that time.

Local condition: Slight adhesion of the hood of the clitoris, hemorrhoids; otherwise the only trouble encountered being a mass of fibroids, demanding extirpation by the vaginal route.

Operation: Hysterectomy.

Temperature: Highest, 102, second day, lasted one hour; lowest, 99 2-5.

Bowels moved second day, naturally; no abdominal pain.

July 16: Temperature and pulse normal, and feeling much better than before the operation.

In order to close the clinic at the accustomed hour it was thought best to operate upon two cases at the same time, so this case was turned over to the skillful handling of Dr. Libbie Muncie, and those of the class who desired especially to witness a hysterectomy were called down to witness her operation upon the case, while those

who were more interested in the simpler forms of official work assumed a convenient position for witnessing the operation performed at the same time upon case No 17, which was as follows:

CASE 17.—Mrs. H., age 48 years.

Diagnosis: Neurasthenia.

Previous personal and family history: Mother died of paralysis. Patient has had two children; oldest child 26 years, youngest 23 years. Patient's ill health began about six years ago from la grippe. She has been troubled with constipation and hemorrhoids for years. For the past year menstruation has been very irregular, with increased amount, which was clotted; soreness across lower part of abdomen; sensitive on pressure of the lumbar vertebræ; very nervous, and dwells upon her ailments continually.

Operation: Repair of cervix and perineum, and slit operation on rectum.

Temperature: Highest, 100; lowest, 98 2-5.

Bowels moved fifth day, oil over night. Some pain in rectum. No nausea.

July 16: Temperature and pulse normal, and is feeling happy; her friends can already see an improvement; she does not talk about herself continually as before.

An instructive case because it illustrates work which every officialist is repeatedly called upon to accomplish.

The cervix was stitched after the manner described in case No. 13. The perineum was closed sub-cutaneously.

CASE 18.—Mr. M., age 38 years.

Diagnosis: Rheumatism.

Previous family and personal history: Has been in good health up to two years ago, when he had an attack of rheumatism, which has troubled him constantly ever since; the pains move about from one joint to another; has been troubled with bleeding hemorrhoids for some years.

Operation: American.

Temperature: Highest, 98 4-5; lowest, 98 2-5.

Bowels moved fifth day, oil flushing.

July 16: Pulse and temperature normal. The patient says: "I have not had a twinge of rheumatism since my operation, and no severe pain in the rectum."

There are some circumstances connected with this case that deserve publicity, as they illustrate the obtuseness or prejudice, or

both, on the part of prominent members of the medical profession, who well deserve some type of rebuke for their ignorance or prejudice, as the case may be.

This patient is an ice cream manufacturer, and two years ago while working in his cellar was taken with an attack of inflammatory rheumatism. The acute stage in the course of time passed away, but left him a chronic sufferer from this dire malady. It attacked especially the small joints of his hands and feet, and his suffering has been indescribably severe. He has spent all his money in attempting to obtain relief, and is now so badly deformed by the distortion of his joints as well as his pain that he is truly in a most pitiable condition. By great sacrifice, he made his way to the Hot Springs of Arkansas, and there happened to fall into the hands of Dr. V. H. Hallman of that place. Doctor Hallman carefully examined the man's condition and could find no fault with him outside of the rheumatic trouble, except a pronounced case of hemorrhoids. As the waters of the Springs failed to relieve his rheumatic condition, but simply made him weaker, Doctor Hallman advised an operation upon the hemorrhoids as the only possible chance of effecting a cure. The man wanted to know if it would be just as well for him to return to Boston and enter a hospital there, where the work could be done free of charge and thus make it possible for him to be cured without further expense, as his means had become exhausted. This Doctor Hallman advised him to do, and so to Boston he went, entered the hospital of his choice, appealed to the surgeon-in-chief, told his story and spoke of the advice given him by Doctor Hallman, requesting an operation for hemorrhoids. The surgeon pooh-poohed the idea of the hemorrhoids having anything to do with the rheumatism and refused to even examine the man, and ordered his discharge as he was considered an incurable case. The man then wrote to Doctor Hallman what to do, and was advised to present himself at this clinic, and here he is.

Now can he be cured? Most certainly. Orificial work will immediately relieve his rheumatic pains, arouse his reactive powers, institute nutritive processes, and restore the man once more to health. The Boston surgeon is a wise man in all probability, in his own opinion at least, but his sin of omission in this case has been a grave one for the man. The rheumatic affection is so profound in its grip upon this poor man that nothing but the American

operation can be relied upon to give him sure and permanent relief.

Agreeable to this surgical judgment, after urethral sounds had been passed and the urethra cleared of its mucus, the American operation was performed after the usual manner.

The results of this case have been simply magical. As expected, the relief from rheumatic pains was instantaneous, and at the present writing, August 18th, there is not a happier man in the state of Massachusetts perhaps than this same broken down, dilapidated, crippled specimen of humanity that for two years has been suffering the tortures of the infernal regions and has spent what little accumulation of property he had effected thus far in his life in paying doctors for fruitless efforts to restore him to health.

We venture to predict that the Boston surgeon, self-satisfied and thoroughly scientific unquestionably, will not be particularly relieved at the recovery, nor, if he ever learns of it, will it in all probability teach him anything. Such cases in the medical profession are, alas, too common! Let us hope that when they die their places will be filled by more progressive and philanthropic surgeons, who love themselves less and humanity more.

When this clinic was held on Muncie Island one year ago all wounds were dressed with iodoform, as was then the prevailing custom throughout the more intelligent part of the surgical world. This year in the place of iodoform we have used nosophen, and with most happy results. The change is a grateful one. By the way, after a year's use of nosophen as a dry dressing for wounds, and also for ulcers, I feel it is but justice to my professional friends, as well as to the manufacturers of the powder, to endorse its merits. To those who are still using iodoform as a surgical dressing it should be known that nosophen is in every respect its superior. It never poisons or irritates as iodoform frequently does; it is odorless, and consequently devoid of the disagreeable odor so peculiar and objectionable in iodoform, and at the same time is a very much more efficient stimulant to healing. It is unquestionably destined to supersede iodoform as soon as its superior qualities become recognized.

August 18, 1898. Recent reports from Drs. E. H. and L. H. Muncie, and from the patients themselves, inform us of the uneventful and satisfactory recovery of all the cases operated upon at the clinic. There was not only no death but no case of serious

illness, the nearest approach to it being Case No. 9, which, — being a delicate lady, and requiring an unusual amount of surgical interference, the operation for appendicitis being demanded in addition to ventral fixation, ovary patching, and orificial work, — required close attention for a few days. She was at no time, however, in a serious condition, but simply called for skillful handling, which she received and responded to. Perhaps the sea breezes had something to do with it; perhaps the enthusiasm of the class present had something to do with it; perhaps the quality of the surgery had something to do with it; perhaps the skilled nursing and after attention had something to do with it; but more likely all these combined to serve to heal all wounds made, and aid to a rapid convalescence. Here was a class of chronic sufferers for whom previous to the birth of orificial surgery the medical profession had no permanent or satisfactory relief to offer, and yet they were all radically benefited, and most of them are, or will be, completely cured. These chronic sufferers are typical of a vast multitude who tax the sympathies of every community on earth, and baffle the skill of the best in medical practice. The experiences of the week furnish another eloquent text, which all those who have had the privilege of orificial instruction in the cure of chronic diseases will, in the name of conscience and humanity, be called upon to preach, far and near, until the entire medical profession and the people themselves become thoroughly and universally imbued with the orificial thought and the benediction which it contains for mankind.

E. H. PRATT.

THE USE OF EUCAINE HYDROCHLORATE AS A LOCAL
ANESTHETIC IN REPAIRING LACERATIONS OF
THE PERINEUM AND CERVIX AND
CURETTING THE UTERUS.*

G. W. SHIDLER, M. D.

YORK, NEB.

I presume that many of you like myself have very often met with patients requiring the repair of lacerations and the curetting of the uterus, where the objection to the use of chloroform or ether is raised to such an extent, that many patients rather than subject

*Read before the Nebraska State Medical Society, June 16, 1898.

themselves to the effects of a general anesthetic refuse treatment, and go on and on indefinitely, getting no better, and disgracing the professional ability of the attending physician.

For such cases we have an ideal local anesthetic in the drug hydrochlorate of eucaine, one that has but slight toxic effects and permits of surgical operations being performed in a painless manner, and has but little if any disagreeable result.

There are two forms of the drug in the market, "Eucaine A," and "Eucaine B." The latter being particularly designed for eye work on account of claims that it is less irritating. Either form answers the purpose admirably for surgical work in gynecology.

This long sought for anesthetic is a coal tar derivative. The chemical name is formidable in appearance and would convey but little meaning to most of us, so I will omit it.

I have been using eucaine hydrochlorate in minor and major surgery for the last two years, and believe that with the aid of a little suggestion we will in the near future find this anesthetic to a great extent taking the place of chloroform and ether. The satisfaction that is experienced by the physician in knowing that his patient's life is not to any appreciable extent being jeopardized, and that the operation will not be followed by shock and vomiting is beyond expression, especially if he has been unfortunate enough to have seen a patient die from the effects of an anesthetic, as I have done.

In using eucaine I use an aqueous saturate solution, as it is always of the same strength and requires but a small amount injected into the part causing less infiltration of tissues and thereby allowing parts to unite more quickly. I find that the rapidity of repair depends very largely upon the extent of infiltration of the tissues.

I have reported in the Western Medical Review, Feb. 15, 1897, a number of surgical operations done under the influence of this anesthetic, among which were the enucleation of an eye, an operation for appendicitis, the repair of the longitudinal sinus, curetting of the uterus, repair of the cervix and perineum, etc., etc.

Since that time I have used this anesthetic largely in my surgical and gynecological practice, and have never yet had occasion to regret its use.

In repairing the perineum and cervix and in curetting I use the usual antiseptic or aseptic precautions. In curetting use a long needle such as is used for treating piles by the injection method. Beginning at a point half an inch from the os uteri inject from 2

to 4 drops just beneath the mucous surface, then plunging the needle in half an inch further parallel with the cervical canal, inject from 4 to 6 drops more, after which pass it along fully as high as the internal os, where again unload from 4 to 6 drops. Repeat this at about four equally distant points of a circle drawn half an inch from os uteri. Now dilate cervical canal enough to allow of the easy escape of fluids from the uterus, and then inject into the cavity of the uterus from 2 to 4 drachms of a saturate solution of eucaine hydrochlorate, which is not allowed to remain longer than from two to four minutes, when flush the cavity of uterus with sterile water of as high a temperature as can be borne, being careful not to allow the solution of eucaine to remain in the uterus or vagina any great length of time as it is very uncertain just how rapidly absorption takes place from these surfaces, and while there is but little danger comparatively from its use, yet it is not entirely innocuous. Now proceed to dilate the cervical canal to the desired extent and curette the same as when using a general anesthetic, and if the patient has been propped up with a few suggestions to the effect that "there will be no pain," the operation is done with no greater pain than that of using the hypodermic needle, and the disagreeable after effects of vomiting, etc. are obviated. In repairing lacerations it is best to inject solution from one-half to three-fourths of an inch from margin of wound and with a little care and time the patient need only feel the first introduction of the needle.

(See Schleich's method, less the quantity used by him.) The injection should be made subcutaneously, thereby lessening the pain.

This plan has given as good results and less annoyance than can be obtained by the use of any other anesthetic equally harmless.

A CASE IN POINT.

FREDERICK SMITH WATERBURY, M.D.

CHICAGO.

A short time ago a young man, a traveling salesman, Mr. J. about 30 years of age, came to the Garfield Park Sanitarium to be treated for rectal disease. He had also been using morphine for several years, the rectal trouble having been the cause of his first taking the drug. At the time when he entered this sanitarium he was taking 60 grains of morphine per diem, hypo-

dermically, and was taking a little cocaine in addition to this. As is generally the case, the use of the drug masked the true disease, and when the morphia was finally withdrawn, the rectal disease stood fully revealed, back came the old pains in full force, as well as severe pain in the back, referred to the lumbar region. These, however, were treated and fully relieved. After that the drug habit was successfully eradicated. And now a word as to the "morphinism" feature of this case: the habit was of six or seven years' standing, and the patient much reduced in consequence. When this patient was brought to me for the cure of his habit, he was in an utterly skeptical frame of mind, and, above all, scoffed at the very idea of being rid of his habit in forty-eight hours. And yet this is precisely what was accomplished. We are all more or less familiar with the notorious "Keeley Gold Cure;" when it was first opened to the public and had been widely advertised it made a great sensation, and attracted morphine users from all over the country. It was thought to be a wonderful thing, and yet from three to six months were required to effect a cure of morphine addiction; and at the end of that period the patient was frequently in a worse condition physically and mentally than when he began the treatment, and the craving was not dead, only sleeping. Yet a complete and radical cure of the morphine disease can be effected in forty-eight hours at the farthest, and at the end of that time the patient will be absolutely free from any necessity or craving for his drug; outside of slight weakness and a certain sensitiveness to cold, both of which symptoms are of short duration, the patient will be in a normal condition; after forty-eight hours have expired he will at once begin to eat well and to sleep well, and will be able to *rest*, to lie perfectly still and at ease; no nervousness, no aches, no "subsultus tendinum."

Those who are at all acquainted with the results of suddenly withdrawing the drug from an habitu , well know the nervousness which always accompanies such withdrawal is something fearful, and often persists for weeks at a time. Now in my treatment all nervousness ceases suddenly and at once after the prescribed forty-eight hours or less have passed. But the most wonderful thing about this treatment is the fact that it is painless, absolutely painless. This has been claimed for many of the "cures" now before the public. I have visited all the more important sanitariums in this country which make a specialty of treating morphia-mania, and

have personally investigated their claims and methods; I have found that without exception they are torture-houses; that in spite of the so-called specifics employed, the suffering of the patient is great, and frequently protracted for weeks at a time. In practically all of them the "gradual reduction" system is followed, in conjunction with the specific medication, and this, to begin with, is anything but painless. In my treatment the patient is "lifted up," so to speak, beyond all suffering, and held so, while the morphine poison is being eliminated from his system. I have treated between five or six hundred morphine patients by this treatment, and have carefully watched all symptoms as they appeared. Instead of two or three weeks of "linked suffering, long drawn out," there was absolutely none. The only question I put to the patient before beginning treatment is, "When did you take your last dose"? He is then requested to omit his next customary dose until he begins to feel restless and uncomfortable. Then the treatment is begun; the patient gets one or two "shots" of the remedy, and in fifteen minutes he is perfectly comfortable. During the treatment the patient will have hallucinations of sight and hearing, but he will always be comfortable, and will probably sleep the greater part of the time.

My remedies are equally efficacious in the diseases of inebriety, cocaine addiction, opium using, etc. As soon as arrangements have been perfected I will make known my treatment to the profession. One last word as to my theory and system of cure: First of all, the drug is entirely withdrawn at once; then a remedy is administered which supports the patient, lifts him up to and beyond the morphine key, and he is held so, quiet and comfortable, and, meanwhile, by means of other appropriate remedies, the morphine poison is being eliminated. When it has been completely eliminated, all remedies are withdrawn, and the patient comes to himself, a little weak, of course, but without any craving for his accustomed drug. Almost immediately he develops a keen appetite, and soon gains his strength rapidly.

I would be glad to correspond with any of the medical profession who are interested in the subject of morphinism, etc., and to give any information in my power with regard to my treatment.

CASES.

O. S. HARTSON, M.D.

JACKSON, MICH.

CASE 1. Mrs. G., age 35. Youngest child 6 years old. Since last confinement health has been very poor. Menses painful, excessive, flow dark and clotted; pains in sacrum and between shoulders, headache; bowels irregular, usually constipated; much straining at stool with bleeding, and prostration; weak and a general picture of malnutrition. Pain in micturition, a burning and smarting caused by a growth at meatus urinarius.

Operation: Uterus curetted and packed, clitoris freed. Growth removed from meatus, and the American performed.

No stitches were used on the rectum. A large plug of antiseptic material was inserted above the internal sphincter, with a double cord attached; these coming out the rectum were made to encircle a pad placed over the opening, being tied with just enough traction to nicely adapt the skin and mucous membrane. Healing was by first intention; gradual gain of health, and a relief from the former ailments.

CASE 2. Mrs. L., age 48. Passed climacteric some five years, having practically been an invalid during these five years. Unable to attend to household duties or endure any excitement or fatigue or to be on her feet long at a time. Despondent, irritable, with general lassitude.

Facial neuralgia; pains changing from temple to lower and upper maxillary regions; not relieved by warmth or local applications; better in fresh air; these are aggravated by any excitement, over-exertion or worry. Uterus enlarged, indurated, os having a bilateral tear with a marked ectropion of os uteri.

Operation: Uterus curetted and packed and cervix amputated. Rectum smoothed and dilated. No stitches were used on the cervical stump. Flaps were outlined outside and inside of the os with a knife; then with a strong pair of curved scissors a cup-shaped stump was formed, the two mucous membranes tending to come together. After all bleeding was stopped by irrigating with hot water, the vagina was lightly packed with gauze which, with the perineal pad, completed the dressing. Results fine; os healed smoothly leaving almost a virgin appearance, with the relief of all

previous symptoms. She declares she was transformed to about twenty again.

CASE 3. Mrs. McG., age 35. Large, fleshy, always enjoyed good health until about a year ago, when she began to have pains in left side, region of liver, often extending to the back, between shoulders, and to the stomach, much headache on top of head; hot, burning, confused feeling, interfering with vision, so severe she could endure no noise, light or conversation. During these attacks she would grow faint, heart irregular, and often terminate in a severe fit of vomiting. Ovarian pains, extending down thighs; menses scanty, dark, clotted; leucorrhea between menses greenish and excoriating; pruritis vulva, etc.

Operation: All-around work with amputation of os as above. The os being quite large, it left a large stump which seemed to need a couple of silkworm-gut stitches on each side, which were inserted.

Felt much improved for a few days, when old pains came on again: stitches removed and hot injections used. Better for a short time, when old troubles returned. Six weeks after gave anesthetic and dilated; found os small and contracted. Am using galvanism, but not much gain from old conditions yet, after some four months' treatment. Patient sits up about an hour a day, but this is liable to bring back the old symptoms.

CASE 4. Mrs. L., age 40. Last confinement about eight years ago. Never has felt well since; is emaciated, weak, unable to endure but a moderate amount of exercise; looks pale, sallow, ears transparent, nose has a pinched look, translucent skin. Tongue pale, smooth and of bloodless appearance, with no papilla apparent. Menses profuse, too often; any jar or misstep would bring on a profuse hemorrhage at any time, often causing her to faint away. Abdomen bloated, tender; heavy bearing-down pains when on her feet.

She had been through several courses of "regular" ideas of such cases, but was gradually becoming worse.

Operation: All necessary orificial work, including amputation of the os, as in Case 2. Os found hard, much scar tissue, and a large cystic tumor in posterior lip; all of which were removed. *No stitches* were used, but the usual dressings. Recovery was uneventful, and the patient is happy.

. THE SO-CALLED "SURGICAL CRAZE."

HENRY E. BEEBE, M.D.,

SIDNEY, OHIO.

The opinion is quite generally entertained, especially with the laity and among some of the older members in our profession, that resort to the surgeon's knife is too prevalent, that this is the day of operative mania. Now, is this true, or is it not rather a prejudiced, pessimistic complaint? A friendly criticism may be valid when applied to the reckless, over-zealous operator, who is too often found with a mere smattering knowledge of the real principles of surgery, who is also unworthy of the honestly earned title, "Surgeon." A fair per cent of these amateurs may be reasonably successful; some few are by nature born surgeons, having the necessary skill and judgment to succeed, and many times lead in this specialty. But entirely too many, not having had the requisite preparation, have mistaken their calling when entering the surgical arena. It is a great mistake to tolerate the argument, as we have all heard it advanced, "Any one of us can practice surgery if we will but think so, for about all that is required is boldness and a fair knowledge of anatomy." What a dangerous utterance, since if there be a place where expert judgment is needed, and should be demanded, it is with the use of the surgeon's tools. He should not only possess the minutiae and technique of how to use them, but what is of equal, if not of more, importance, he must above all know what else to do while using them, how to handle and best meet the many, many unexpected complications that continually arise while doing surgery.

To fully understand any special line of surgery, one must realize well its limitations. Experience is an aid, but we always may expect complications and new experiences, and too often want of care creates more danger than the want of knowledge or experience. The practice of surgery differs in no wise from that of general medical practice, in that just so long as we follow hard and fast text-book and experienced rules, we will make many failures. The question of practice with us all becomes largely one of generalities and personal judgment, with experience, where we succeed. There are hundreds doing active surgical practice, without knowing or

considering intelligently what surgery is, other than a professional calling, they believe to be within the reach of their aspirations. These are not quacks, for they are honest; however poor their work may appear to others better informed, to themselves there is convincing evidence of success, and this is sufficient. Quackery is false pretension, or intentional imposture.

The fact is well known, that the success of a medical practitioner (and it applies the same, in a measure, to the surgeon), as indicated by his popularity, or the estimation in which he is held by the people to whom he administers as a physician, depends more upon his personality, his address, sick-room manners, conversational capability and wisdom, the wisdom of silence often, than upon his learning or the material of medicine he prescribes. You may call it tact, suggestion, or what not, the truth of this is plainly evident on all sides.

This is an age of innovations, noted for its fads and hobbies, its enthusiasts, radicals and extremists, its over-zealous workers in all lines of thought, surgery being no exception. While these innovations have their grave faults, particularly when not properly handled, they have a value, and are too lowly estimated oftentimes by many of us. There are surgical questions to-day yet unsettled, and new ones are continually arising that will be settled if we but have patience and weigh well all the evidence. One will say ninety-five per cent of all cases of appendicitis must absolutely be operated upon, another that the same per cent will recover without surgical intervention. Doubtless, both are extremists, there being a mean to all extremes. While it is quite well settled that a fair per cent will recover, in a way, without an operation, with us it is a question whether many attain to a perfect recovery, when an appendix is once diseased, without its removal. We may here possibly be mistaken by thinking that the diseased part is liable to cause serious trouble, while the ailment may remain dormant during the rest of a long life. But, preventive measures, with most up-to-date surgeons, say "remove this useless anatomy, for it is believed to be doubtful whether the mucous and serous membrane of the part ever become quite normal after an attack." Be it remembered that it is said, "That of which we think we are certain, but about half of it is true."

Experience may be considered the best teacher, but the price of tuition in surgery sometimes is pretty high, for we don't know

what we can't do until we try and fail. While it may not be a crime to fail or blunder, it is a crime to stick to it. Some people could learn a great many things if they didn't think they already knew them. There is only one thing worse than ignorance, and that is conceit. It has been truthfully said: "If you should take the conceit out of some fellows, there would be nothing left to bury." These men, when practitioners of medicine and surgery, can do, explain and give a reason for almost everything pertaining to their profession. They do not consider that the only correct answer to a great many questions is, "I don't know." Things that don't seem probable occur very often.

Inexperienced diagnosticians and operators, with a reputation to make, are responsible for much mischief. While it is easy to learn surgery, nothing is so hard to apply. These operators need material and, particularly in gynecological practice, frequent blunders are liable to be made. Many tubes and ovaries are sacrificed because obscure troubles have been ascribed to supposed ailments of these appendages. Seldom is it necessary to remove the appendages unless they show pathological changes, and the all-around thorough surgeon usually wants these reasons before ablating them. Consider well, that double ovariectomy is so often followed by a train of nervous symptoms more serious and annoying than the original trouble, for which surgery has been applied. Broca, of St. Louis Hospital, Paris, says, "of women who have prematurely lost both ovaries, seventy-eight per cent subsequently suffered a notable loss of memory; sixty-eight per cent were troubled with flashes of heat and vertigo; fifty per cent evinced a change in character, becoming more irritable and less patient, some even being subject to violent and irresponsible fits of temper; forty-two per cent suffered more or less from mental depression, and ten per cent were so depressed as to verge upon melancholia. In seventy-five per cent there was a diminution in sexual desire, some claiming that they experienced no sexual pleasure at all. Thirteen per cent were not relieved from the pain from which they had suffered; thirty-five per cent increased in weight and became abnormally fat, and some complained of a diminution of the power of vision. Twelve per cent developed a change in the tone of the voice, it becoming heavier and more masculine in quality; fifteen per cent suffered from irregular attacks of minor skin affections; twenty-five per cent had severe headaches, as a rule, increasing in intensity

at the catamenial period; twenty-five per cent complained of the occurrence of nightmare, more or less constant, and about five per cent suffered from insomnia. In a few cases there existed a sexual hyperexcitability not present prior to castration. A few patients, also, developed gastric reflexes and marked indigestion. All of these symptoms or changes were more marked in women under thirty-three years of age." These figures are certainly worthy of more than ordinary consideration, for they show that functional troubles are more constant and intense in women who have lost both ovaries by operative interference. The same applies many times to hysterectomies, perineorrhaphies and trachelorrhaphies. Women have other organs and members than those of generation that become diseased.

In gynecological practice, ignorant and reckless operators sometimes forget, if they ever knew, that while the apparent disease may show pathology, in the majority of cases the local manifestation, when properly considered, has to do with factors precedent to this visible expression. Therefore, it becomes absolutely necessary, before undertaking the treatment of many cases, to examine the patient, in addition to the local pathological condition so prominently manifest. Such inquiry may lead the examiner to not resort to punishing, or probably sacrificing, some important part or organ for the sins of another part of the body, thereby not relieving the invalid of her sufferings. Treat the patient more and the local pathological condition less. Medical gynecology may be able to take the place of surgery. The diagnosis is too frequently incorrectly made. The examination ceases when the local manifestation is discovered.

Over-zealous operators grasp a new procedure without a thorough test having been made to prove its value. As Copernicus declared: "Men don't see what they seem to see." Again, they don't remember that the truth is found between the extremes. We are assuredly unable to judge of any operative procedure as long as it is based on a few cases. No method can be fully accepted, nor ought it be, until a reputable number of cases, carefully noted and criticised, shall have been presented.

For the above reasons, some have raised a protesting voice, believing that good rarely results from bold innovations in surgery. In a measure we might agree with them, believing that there is too much blind surgery done, too much guesswork surgery, by those

incompetent to do good work, by those who do not recognize the fact that the whole field of practical medicine has a value and relevancy to the work of the true surgeon. But there is not too much surgery. Let it be understood that by surgery we mean surgery done by the expert surgeon, the one who knows what to do, when to do it, and how to do it. Do not criticise the real surgeon, to whom the world is indebted for so very much that is beneficial, lest by so doing you lead some one to wrong judgment, and thereby sometime abstain from the use of the knife when absolutely necessary. The boldest surgeon may prove to be the conservative surgeon in the end.

REPLY TO DOCTOR TERRY'S OIL TREATMENT INQUIRY.

I. N. COHEN, M.D.,

LA CROSSE, WIS.

In reply to the inquiry of Dr. M. O. Terry, Utica, N. Y., allow me to say that I have, in the last three to four years, treated seven cases of appendicitis by oil and other methods.

CASE 1.—On the 13th day of April, 1895, at 3 P.M., I was summoned in great haste to see a Mr. F. N. On my arrival I found the young man in great pain. He told me that I was the fourth doctor, and that the other doctors wanted to operate on him, but his relatives would not consent to it until after they had seen me. His pleading was: "Doctor, can't you help me without the use of the knife?" I replied that I would see what I could do after I had examined him. Examination showed great pain in the umbilicus, radiating over the belly, which became fixed in the right iliac fossa; vomiting persistently, and constipation. The point of tenderness was not constant, and there was resistance to pressure. Temperature was $99\frac{1}{2}$, pulse 78. I diagnosed appendicitis, and knew that it was one of the most frequent and dangerous of the inflammatory diseases in or about the peritoneal cavity; I do not know the line between proper medical treatment and the demand for surgical interference, and I rather despair of finding it. I think, as does Dr. Norman Bridge, the medical men are practically powerless to control the destiny of the patient. It is always a surgical disease, but I do not believe that we should adopt surgical interference

until after we have given the patient the benefit of medical treatment. I gave the patient a hypodermic injection of morphine and atropine right over the seat of the pain, and ordered sweet oil, $\frac{1}{2}$ oz. to 2 oz. every three hours; also ordered hot flaxseed poultice saturated in sweet oil, and renewed every ten to fifteen minutes. I also left the following prescription:

Fleming's sol. of atropine, gtts. x. (Containing $\frac{1}{60}$ gr. of atropine.)

Acid sulph. gtts. x.

Tr. orange peel.

Sulphate magnesia aa 1 dram.

Water $\frac{1}{2}$ oz.

I ordered this to be given at one dose in the morning, and repeated at night without the atropine. In very urgent cases, however, I give the above every three hours, including the atropine. This I continued until the temperature was normal. I think as auxiliary treatment the hot flaxseed poultice over which has been poured sweet oil is all right. April 14th, 11 A.M., found the patient considerably improved; bowels had moved very freely, and patient had slept seven hours during the night and felt real comfortable. Temperature 99; pulse 76. Ordered the medicine to be continued as before. April 15th found the patient comfortable and pus discharge in stools; said that all pain and tenderness had entirely disappeared. Ordered the sweet oil to be given, $\frac{1}{2}$ oz. every five hours during the day only. On April 20th discharged the patient, and now this young man works as a section-hand on the Chicago & North-Western Railway, and has for the last eighteen months, and up to date, which is nearly three years, has not had a recurrence.

CASE 2.—Mr. W. H., pugilist, entered the Catholic Hospital in this city on April 29, 1894, and on being told by some of the staff that he was suffering with appendicitis, and that he had to be operated on at once, he became frightened and left without consent. He and a friend called on me shortly afterward. I examined him, and found the diagnosis of the other doctors correct. I ordered him to my sanitarium, and put him under the same treatment as the foregoing case. The pulse of this patient was 89 and temperature 101; bowels very much constipated, and considerable tenderness and pain in the umbilicus. On my night visit at the sanitarium, I found the patient had had two evacuations of the

bowels; pain decreased considerable, and ordered the treatment to be continued. April 30th, at 9 A.M., temperature was 99 6-10 and pulse 81, and patient had slept four hours during the night, was improved, and took a liberal amount of nourishment. He was in good spirits and treatment was continued, and patient rallied under the same treatment so that he was discharged May 13th cured. Saw the patient a year after that time; he said he was feeling good and had never had another attack, but since that he has left for parts unknown.

The rest of the cases were all about the same with very few exceptions, and all treated alike, or nearly so.

Now my opinion is this: In all cases of typhlitis and perityphlitis, since we cannot foresee the further course of the disease, a favorable termination, however, is by far the most frequent, and as a rule the cases are mild and inflammation is confined to the cæcum. In severe cases of perityphlitis, which end in suppuration, all depends upon whether a general peritonitis ensues or not, whether the inflammation be limited, and whether the patient's strength is sufficient or not to sustain him. Of course there are cases which need surgical interference, but I mean, try your treatment first, and if that fails, there is time enough. In several cases heretofore I have used the aspirator for the purpose of evacuating the pus, or making a free opening; but if the disease was not rapidly controlled, a laparotomy with strict antiseptic precaution was indicated.

I trust that this will be of some value to Dr. Terry of New York, and I will cheerfully answer any questions on the foregoing statement.

OSTEOPATHY AND OTHER OPATHIES.

J. SULLIVAN HOWELL, M.D., D.O.

CHICAGO.

It has long been a popular belief that the conflict of theories and methods between the various medical schools is a source of animosity and strife among their members. The physicians who bring balm to suffering mortals are themselves supposed to be in perpetual war-paint. The notion has been kept alive by the funny men of the newspapers and by quacks who owe no fealty to school or system. The laity are so tickled by it, so deceived by its constant iteration,

as to think that allopath and homeopath, hydropath and electropath, are all so many foes "in arms and eager for the fray."

It is true that in times gone by there was ground for this opinion in the dogmatism and exclusiveness of certain medical autocrats. But the teaching of these later days has a far more genial tendency. We have emerged into a kindly light, the light of modern science, that helps us to discern the good in all things. If we are loyal to our calling as physicians we may neither abuse nor assail any theory or practice, school or individual, that is successful in the glorious work of vanquishing disease and prolonging human life. It is a cause above all others in which the end justifies the means. It is a labor in which we sink personality in order to benefit humanity.

Such being a general view of the feeling that prevails, or should prevail, between the schools of healing and the practitioners who compose them, I feel warranted in saying that osteopathy conforms to it with grateful alacrity. This youngest of the medical sisterhood bears no malice against her elders. Osteopathy is a reform rather than a rebellion, and the path of its advance was even mapped out for it by the brightest intellects of the older schools. It is simply the most progressive of therapeutical systems in the sense that progress has been manifested by the others. Just note, if you please, the outlines of the great movement. What a stride there is from old-time allopathy, with its leeches and lancets, drugging and drenching, down to its newest policy of only medicating gently with a view to assist nature. Again, what a long march there is from that to homeopathy, which has relegated drugs to a minimum of service, so small, as we are humorously told, as to be not for their remedial action, but to satisfy the patient that he is taking medicine. And finally, what could be more rational than the further step taken by osteopathy in rejecting drugs altogether and joining hands with nature for the appliance of her own resources to the correction of her own machinery? To find fault with osteopathy for proceeding thus far is like censuring a youth for becoming a soldier after you have given him from his childhood no toys but guns and drums. For osteopathy to feel bumptious to its seniors would be equally absurd, since it owes them gratitude and reverence for the teachings that have led it onward to the goal of emancipation.

It would be an offense to the readers of these pages to repeat for them what osteopathy claims to be or do, or the facts by which it has proven its right to recognition. These things are published

broadcast throughout the land and our doors are opened wide to your most searching investigation. Many of the more active osteopaths are, like the founder of the science, the venerable A. T. Still, and like myself, diplomates of the "regular" schools. We are not pariahs nor vagrants, but frontiersmen in the realm of medical science. And I feel like stating in conclusion that so far from any antagonism our relations with the disciples of Hahnemann should be specially frank and cordial. Homeopathy is not so old but it can recall the shy beginnings that were even more clouded than ours with mistrust and misrepresentation. Osteopathy is already old enough to point to a harvest of healing that no physician or friend of humanity can afford to do other than admire.

There is an additional bond of sympathy between us, but this you will allow me to state in the words of another who has recently touched on it: "The homeopathic principle is applicable to osteopathy, *similia similibus curantur*, not in the sense that drugs are used, or ought to be used, but in the sense that the only rational method of curing disease is that based upon this principle of nature. Why is osteopathy making its present triumphs and promising that these shall be permanent? It is because here we have an exact science and a science founded upon nature. Nature has won her victories in other fields. What she has done in other fields she can accomplish in the field of medicine. When nature triumphs everything unnatural will be exorcised and the body will be found to be a perfect medicine chest, awaiting the hand of genius to turn the crank and let the 'soothing draughts of healing freely flow.' "

It is to nature, then, the great and kindly mother, that we must all alike turn with affection and trust, being assured that she will not only act for us in relieving bodily affliction, but guide us by her perfect harmonies into the tolerance and kindness that should mark our noble calling. .

INFLUENCE OF REFLEXES ON THE EYES.

C. R. CROSBY, M.D.

CANNONSBURG, MICH.

There is probably no class of diseases more baffling than those produced by causes remote from the place of exhibition. It has long been known that there are some organs that are seldom or never primarily diseased, but are affected secondarily. That the eye is one of those organs has probably not been suspected by many specialists along this line; but the developments of orificial surgery have shown that there is no limit to reflex influence. The eye is a delicate as well as an important organ, and made for constant use in the waking hours; hence a logical conclusion is that it should not be very susceptible to disease, and yet it is well known that the eye is a very faulty member if appearances are to be relied on. The fact is it is an organ that is suffering from reflex influences full as much or more than any other organ of the body. By those who have never given the subject a thought this proposition will hardly be accepted; but facts and experience will go far to prove the position.

Perhaps I can make myself better understood, and at the same time prove my position, by giving:

CASE 1.—Mr. M. H., aged 38, married, was taken in the month of March with inflammation of both eyes, following a severe wetting while riding a distance in a March rain storm in an open wagon. He soon went to a hospital, and was there treated by a specialist for five months with all sorts of eye lotions, and particularly "Bluestone," so called. The pain in the eyes and head was so severe that it required three hypodermic injections daily to keep him any way easy. At the end of five months he left the hospital, not being in the least benefited, nor able to see daylight. For two months longer he took treatment at the hands of a lady specialist. By this time his sufferings were so terrible that opiates were of little use, and he became so frenzied that he would have committed suicide if he could have found any means at hand. It became dangerous to go near him. At this stage I was called. I found neither he nor any one near him had had any rest for days. I could do no more than to give him an immense hypo-

dermic, and give him and his attendants a little rest while I studied the case. He lived five miles away, and I told him he must be brought near me, then I would undertake the case. This was done, and I soon decided to examine the rectum, although he was quite sure he had no trouble there, as he had a movement regularly. I found the rectum hypertrophied, and the opening so small that it was with great difficulty that I could pass a small pipe of a syringe. He had habitually passed soft stools through this aperture. He took chloroform so badly I decided to work without, except with local anesthetics, and by dint of hard work I managed to pass Dr. Pratt's trivalve. At this time he was confined to a dark room, with his eyes thickly bandaged, and the pain in his eyes was agonizing. No sooner had I gotten the speculum in position than he opened his eyes, and saw objects for the first time in months, and the pain in the eyes left instantly, never to return. I found a pile tumor and two open ulcers, which I cared for, and followed with Schuessler's remedies. The only care I gave the eyes was to have them carefully cleansed once or twice daily, and at night sleep with a cloth wet in a weak solution of calendula over the eyes. With the exception of weak eyes the vision is perfect.

CASE 2.—Miss P. H., aged 17. At eleven years of age she began to be troubled with indistinct vision, which soon developed into near-sightedness. In order that she might continue her studies in school it became necessary to apply glasses, but she grew steadily worse. When she came into my hands her eyes were unnaturally bulging and staring, pupils dilated, and did not react, and objects indistinct three feet away. Had suffered much from constipation, sleep unrefreshing, dull and listless in the morning. Treatment by simple dilatation of rectum. At the first treatment she was surprised to find she could see so much clearer. A few weeks of treatment sufficed to relieve in every way. Languor gone, sleep refreshing, became sprightly, and hardly needed her glasses.

CASE 3.—Mr. P. D., aged 45; consulted me for indistinct vision, with capillary congestion. Treated him with rectal divulsion and belladonna 3x. When he came he could not see to count fence boards a rod away; sight perfectly restored in about four weeks.

These cases are sufficient to illustrate the effect of reflex influ-

ence of rectal disease and abnormality on the eyes, and serve perhaps to explain many of the baffling cases which so often confront the specialist as well as the general practitioner.

LETTER.

GEORGE E. GORHAM, M.D.

Albany, N. Y.

AUGUST, 12, 1898.

DEAR DOCTOR PRATT.—Miss L., an overworked teacher, suffered from constipation, flatulent dyspepsia, and a year ago began having attacks of crawling sensations up the spine to base of brain, then loss of vision, numbness of left side, cold extremities, shaking chill, palpitation of heart, rapid breathing, and a sure conviction that she was dying. These attacks came once a month, then once a week, when very tired, and for the last two months daily, with very poor sleep and constant mental depression.

On Monday last I put her under A. C. E., removed one papilla, one pocket, and loosened hood and dilated thoroughly. To-day, Friday, the whole family are ready to carry me on their hands for life. Not one of the troublesome symptoms mentioned has shown itself since the day of the operation. She ate three hearty meals to-day, bowels moved freely and naturally without any nervous symptoms, and the movement usually brought them on.

Two weeks ago I removed pockets and papilla and stretched a prepuce in a case of locomotor ataxia in which darting pains and jerking of legs was a daily and nightly annoyance. No jerks and no pains since the operation.

I have done one American and two other slit cases (good results), and to-morrow at the Homœopathic Hospital I operate for hysteria in man and one bad case of chronic articular rheumatism. I've read Hudson, and what he calls "subjective mind" I call the great sympathetic nervous system, and some wonderful results have followed my teaching my patients to not interfere with its functions by anxious thoughts and suggestion.

I am glad you stopped at Albany and I thought you would be glad to know some of the immediate results of the seed sown by you while here.

If my sympathetic continues to obey my suggestion my health and strength will be such that I can and I shall push on with surgical work wherever needed to set at rest a tumultuous sympathetic.

With fond admiration and love I am yours gratefully.

GEORGE E. GORHAM.

AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

The American Association of Orificial Surgeons will hold its annual meeting at the Chicago Homœopathic Medical College, corner of Wood and York streets, Chicago, on the afternoons and evenings of Wednesday and Thursday, September 7th and 8th, 1898. From the correspondence received at the office of the secretary within the last few weeks, the indications point to a rousing meeting. The prompt response to inquiries and a willingness to work in the various bureaus indicate an unusual interest in the general work as well as in the new features to be introduced in this annual meeting.

Through the kindness of Professor Pratt the members of the association have the privilege of attending the morning sessions of his private clinic on these days free of charge. All those who have taken Professor Pratt's course in orificial surgery know this to be a rare treat and one always accepted with great pleasure.

The president of the association writes: "We are sure to have a rip-roaring meeting." So it seems this annual is to be the banner one in the history of the association. Let all come and engage in the battles royal, bring your best weapons and munitions, stand to the front, achieve laurels, receive promotions, capture prizes, and return home bettered for the service and covered with glory.

W. F. CURRYER, M.D., Secretary.

EDITORIAL DEPARTMENT.

ATMOSPHERES.

There is no such thing in existence as law breaking. Laws cannot be broken; they always operate. Law is universal.

But there is a duality in law as in everything else in nature. So laws always have their counterparts; they are double. There are laws of light, but also laws of darkness. There are laws of harmony, but also laws of discord. There are laws of heat, but also laws of cold. There are laws of sound, but also laws of silence. There are laws of health, but also laws of disease. There are laws of life, but also laws of death. It is well that this is so, for it would be too bad if fire would not burn as well as warm, if gravity would not bump as well as sustain, if water would not drown as well as quench, if anarchy could not annihilate as well as organization build up, if matter could not be disintegrated as well as put together.

What we are, or obtain, or become, is therefore not a question of obedience or disobedience to law, but rather a question of what law or laws we chose to operate. The entire universe, as a whole and in detail, is everywhere and all the time law-governed.

It is a mere matter of common sense, therefore, in pursuing our purposes of life to become careful and painstaking students of cause and effect, as we are in for the race of life and must run it somehow, and we can only escape ignorance and its consequences by knowledge and its employment.

Sickness is the harvesting of unhappy sowing, the operation of the laws of destruction and disintegration; while health is but the legitimate product of more intelligent farming, the result of obedience to laws of order and organization. But in both cases it is merely sowing and reaping, seed time and harvest, cause and effect. It is impossible to deceive, trick or bulldoze these deep underlying principles of our existence, and we can only secure the birthright of our heaven by a faithful observation of its ruling principles.

In matters of our external life it is a matter of universal custom to recognize the supremacy of law, and estimates upon the legitimate effects of various forms of activity furnish a reliable and well recognized guide to the proper shaping of all enterprises, illustrating that what we want can only be obtained by securing the proper conditions for obtaining it, and that then it will surely come, whatever it may be.

But in internal matters or those of the soul, we are more ignorant, irrational and stupidly indifferent, constantly following our impulses in this direction or in that, as they may seize us, without due respect to the laws governing the prosecutions of our hearts' desires. The disappointment, and blasted hopes, and blighted prospects, the sickness with its pains and writhings and anguish, the death with its unfulfilled promises, its broken columns of uncompleted lives, its cold and forbidding paralysis of energy, indeed, disasters of all kinds that have been visited upon the human race in consequence are truly appalling. Stern necessity has called a halt upon this precipitate, unintelligent pursuit of fancied desirabilities, and although the purposes of life, which include health, prosperity, peace, happiness and satisfaction, will remain the same, we at last as a race are awakening to the necessity of employing knowledge and reason to accomplish for us what ignorance and stupidity have failed to secure, and the careful study of the laws of healthful evolution out of chaos into order, out of sickness into health, out of weariness into rest, out of failure into prosperity, are at last sought for as essential to our success. We have been whipped in the battle of life, and in our humility are ready for the military studies that will show us how to fight and win. Physical physiology has always been more or less interesting to the human race and its study has been profitable. But the knowledge obtained from physics has proved itself insufficient in safely directing the well-springs of human activity, and spiritual physiology has at last been received into the curriculum of studies essential to a knowledge of correct living. The results of human activity thus far obtained are universally recognized as chaotic and unsatisfactory, and the desirability of a complete and radical evolution from chaos to order, from pain to pleasure, from sickness to health, from failure to success, from premature death to the ripeness of a well-rounded life is universally recognized. God at last has His created images for an audience, and men are willing to listen and study and learn and obey, recognizing that as all effects have causes,

and to change the effects it is essential to put in operation a change of causes.

In keeping with a knowledge of this great fact, the editorial efforts of the JOURNAL OF ORIFICIAL SURGERY, crude and unsatisfactory as they may have been, have been directed in most part to the exhibitions of a few of the most elementary, but nevertheless important, laws of life, whose observance has been found by repeated experience and observation to be absolutely essential to the securing of every possible type of good and desirable living.

The subject chosen for the present writing seems to us of sufficient importance to deserve brief consideration. Births may be brief, turning points in life may be so abrupt as to be almost instantaneous. When one has been operating laws of confusion and destruction he may in an instant stop their action and institute repairs by bringing into application laws of order and construction; but it takes time for young things to get strong, it takes time to retrace wandering footsteps, it takes time to repair damages. Wars may be ended suddenly by a proclamation of peace, but the re-establishment of prosperity, the recovering from the losses involved is a gradual process. Time alone can heal and rebuild and restore. Evolution is a gradual process throughout all creation, and the great march of events is made to slow music. Atmospheres have much to do in retarding the wheels of time, but on the other hand they serve to steady its chariot and make the journey of life safer and surer. It will tend to correct our impatience and fretfulness at the slowness of our progress if we realize that this is so, and our repeated failures will find some excuse and secure a gentler judgment.

The word atmospheres, like most nouns, has two meanings, but they are not inconsistent with each other, and what has been said of them is equally true of the letter and of the spirit of the word. Every created thing that can move seeks congeniality of environment. The created things that cannot move refuse to be created unless the conditions favorable to their existence are first established and invite them into being. With beings capable of migration, if born into discomfort they will wander in search of a satisfactory abiding place. If they find the atmosphere too hot they will go where it is cooler; if it is too wet they will hunt out a dryer clime; if the altitude of mountain peaks makes respiration difficult they will wander into the valleys; if the light of the day is too brilliant for their best seeing they will prosecute their activities in the twi-

light or the darkness. Their final habitation will be where everything which goes to make up an atmosphere will be found to their liking, and here they will remain and serve their time in working out their destinies.

In this respect man is no exception to the rest of creation, but is perpetually seeking physical comfort. When dissatisfied with the conditions about him he will cross continents and sail over seas and experiment with heights and depths until a satisfactory degree of physical comfort is secured so far as it depends upon his environment. The rest of creation seems, so far as our observation goes, to be satisfied with the acquisition of a desirable physical atmosphere. But man has other skies than the starry vault, other elevations and depressions than mountains and valleys, other conditions of temperature, of light and darkness than the four seasons, other landscapes to gaze upon than those provided by land and water in their endless variety. For him there is another, an inner world, whose atmospheres often prove as difficult of adjustment to his well being as those of the outer world already referred to. And as higher laws modify and dominate lower ones, so does the condition of the atmospheres of man's inner world have most to do with what he is and becomes. On the outside of things he has acquired the art of securing conditions about him most conducive to his health and happiness. But the atmospheres of his inner world, although equally at his command if sought out with adequate knowledge and effort, have not been properly respected, and with him the issues of life and death, of health and disease, lie in the direction of his spiritual abiding place to a much greater degree than to that of his physical environment. Bodily comfort, which can be secured by proper respect for physical laws, may serve to satisfy the highest ambition of the rest of created beings, but man will be restless and uneasy and tempest-tossed and dissatisfied and out of harmony and sick until in addition to an agreeable physical environment is added peace and contentment and satisfaction, which are only to be attained by a habitation in spiritual atmospheres adjusted to his higher needs. Man does not live by bread alone, and a spiritual diet adapted to his requirements is fully as essential to his health and happiness as mere nourishment for his animal nature. For his happy adjustment to the material conditions of earth he has been quite scientific and correspondingly successful. He has learned what to eat, and what to drink, and what to wear, and where to sojourn.

But earth will never be his paradise until he has become equally scientific in securing spiritual atmospheres conducive to the serenity and satisfaction of his soul. As an animal, the human nature adjusts itself to its abiding place, wherever that may be, and if for any reason a change is sought, especially if it be a radical one, involving a marked increase in heat or cold, dryness or moisture, elevation or depression, the whole system feels at first as uncomfortable under the change as one does in a new suit of clothes, and frequently different types of illness are induced in the process of becoming acclimated in the new abode.

In soul life a corresponding discomfort is encountered in all radical changes of the thoughts and feelings. In soul life we accustom ourselves to a certain amount of worry, anxiety, fear, excitement, fatigue, and unhappiness generally, which works harm not only to our peace of mind but to the healthful performance of bodily functions. Hence come our sickness and pain. We may in due course of time become persuaded that we are in this way the architects of our own misfortunes as well as fortunes, and determine to trust more and fear less—to seek peace with our afflictions, and thereby end the pain of our struggles—to acquire contentment and peace of mind, and forego the antagonism of continual excitement, to seek rest in God, and escape the prostration of attempting to manage the entire world with our own puny strength. But although the discovery of the source of our miseries may be instantaneous, and the determination to secure happier states for the soul to live in may be quickly determined upon, we can scarcely hope to succeed in adjusting ourselves to the changed conditions without experiencing more or less discomfort and suffering consequent upon our newly selected spiritual atmospheres. Travelers in a worldly sense can scarcely expect the comforts of a home as they wander from place to place. So in the transition states—in the evolution of our hearts and brains there will be no rest for the weary, no smiles for the cheerless, no hope for the discouraged, no peace for the wicked, until a home in God's country is at last reached, where there is no more sin nor sickness, where the tears are all wiped away from their eyes, where there shall be no more death, neither sorrow nor crying, where there shall be no more pain, where the former things are passed away.

It takes years of practice to acquire the art of painting,

of carving, of singing, of playing any musical instrument, of speaking, of teaching, of acquiring any art or science within the sphere of human activity. It takes years of study to become versed in anatomy, physiology, materia medica, surgery, mathematics, the languages, or any other department of human knowledge. So too one never breathes free air, or acquires a congenial clime in any direction of his efforts until he is more or less thoroughly master of his art or vocation, be its expression on a physical or spiritual plane. No less arduous is the task of completing the gradual suicide of life, by which alone we get what we want just in proportion as we become satisfied with what we can get. In that atmosphere alone can we secure a clime so congenial that the functions of life will be unmolested, and sickness and death become mere matters of history. The discomforts and dissatisfaction with the earthly abiding places we have chosen have induced us to seek out others; and in finding new homes we take it for granted that we must part with our present ones. In soul life the same principle prevails, and we must learn to accept the situation with proper grace. We cannot remain the same, and at the same time become different. We cannot operate the same causes, and expect a change of results. We cannot think and feel the same, and hope for a change in the products of our thought and feeling. To escape from ourselves, therefore, we must first obtain our own consent to become different, think differently, feel differently, live differently, and when we once apply the same logic and common sense to matters of our spiritual atmospheres that we do to our physical ones, it will be a simple matter for us to be led in the direction of our heart's desires in every particular. If we are uncomfortable we can find better homes; but only by giving up our present ones. The atmospheres of both worlds are wonderfully adapted to all our wants, and intelligent seeking will surely find them. The journey may be long; we may learn to realize that all ascent is against gravity, and climbing is laborious; but everything that is valuable in the inner world as well as the outer is attained only by intelligent and persistent labor. Our atmospheres can change until they are health-giving; but in whichever world the effort is made, ourselves must do the moving, step by step, day by day, month by month, and year by year, until the climate of our ambition is achieved. There is a happy home for every mortal,

and out of the pain and discomfort of things as they are will come the spirit of healthful progress that will keep us moving until we find it. To transport one quickly from the planes to a mountain top would so embarrass the respiration as to make a rapid transit undesirable. To visit prosperity suddenly upon one who has become accustomed to adversity would so turn his head as to prove a serious detriment to his well being. To quickly remove all nerve tension from one who has long been keyed up to the highest pitch in the battle of life would produce so serious a collapse to his vital energies as to render the suddenness of the transition, however desirable, a dangerous experiment. To abruptly end the sufferings of one who has indulged in the habit of pain would induce an ecstasy of exhilaration too abrupt to be wholesome. Evolution, to be orderly, must necessarily be gradual, and atmospheric changes, whether in the inner world or the outer, to be health-giving and invigorating, must necessarily be gradual. In instituting changes in our environment, therefore, both physical and spiritual, let us not expect too much of ourselves, but be satisfied when we can see that progress toward our emancipation from everything that is undesirable, and our ushering into our betterment is being surely although slowly accomplished, realizing in spiritual matters as well as physical that all substantial growth is necessarily gradual in its accomplishment.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

7. The Monthly Retrospect states that adhesions of the prepuce to the clitoris, with retained smegma, is a frequent cause of enuresis in girls. Several cases have been cured by stripping the prepuce from the clitoris. The cure of phimosis will sometimes cure enuresis. However, it will fail to cure all cases. Do not make a promise of sure cure of enuresis in boys if the phimosis be corrected. The proper remedy will cure quite as often as circumcision, although the latter will improve the general health.

8. Dr. Matthews, in the Philadelphia Medical Journal, asserts that violent hemorrhage from the rectum, without any history of disease, comes from a point one inch within the rectum. He inserts for this a cone-shaped plug of iodoform gauze saturated with 5 per cent. Monsel's solution. Give morphine hypodermically, and retain plug two or three hours. He also states that three dangers in the operation for internal hemorrhoids are hemorrhage, sepsis and contraction of the anus. To prevent the last he advises insertion of the finger into the anus.

9. Dr. Takamine, in an article published in New England Medical Monthly, describes a new amylaceous ferment, which he has named Taka-Diastase. It is obtained from certain kinds of fungi, and will digest three hundred times its own weight of dried starch in thirty minutes, or two or three thousand times its own weight of cooked starch in the same length of time. He states that two-thirds of the dyspepsia is of starchy origin.

Dr. Joseph H. Hunt reports a case of ulceration of the stomach, who claimed he was unable to eat anything for months and a great sufferer, that was cured by rest and Taka-Diastase. Certainly such a powerful ferment should enable a patient to partake of starchy food without in the least taxing the proper organs to digest it.

10. THE USE OF ALCOHOLIC DRINKS.—Dr. F. H. Wade makes the following remarks in regard to whisky and beer: After many years of careful study of the subject in all its bearings, I am firmly convinced that, for the reasons which I shall give, whisky is the least injurious and, therefore, the safest and best, of all the alcoholic liquors for men to use. I am perfectly well aware that many high medical authorities are of the opinion that drinks containing the smallest percentage of alcohol, such as beer and wine, are, for that reason, the least injurious. Doubtless this would be true of an equal quantity of those mild fluids as compared with equal quantity of distilled liquors, but a man who drinks beer will take a great number of glasses of it in the course of a day—in some instances as many as twenty-five or thirty, or even more. The whisky drinker, on the contrary, will not take more than three or four of his favorite tippie in a

day. As a consequence, the beer drinker takes a great deal more alcohol into his stomach and has much larger quantities constantly in his blood and tissues than the whisky drinker. The more constantly alcohol is present in the system the more quickly does it ruin the nervous system, the liver, kidneys, bladder, blood-vessels and heart.

The man who drinks two or three quarts of beer or wine a day, but is never "under the influence of liquor" in his whole life, is much more certain to feel the evil influence of alcohol upon his system than he who does not touch liquor for two or three months and then gets upon a "whisky drunk" which lasts for several days or a week. Occasional excess in anything injurious is not so detrimental as constant indulgence.

By the excessive quantity of fluid which the heavy beer or wine drinker takes he imposes a much severer task upon his kidneys and bladder than does the drinker of distilled liquors. It is a statement frequently made that it is not the moderate use of alcohol which does harm, but the abuse of it.—*Charlotte Medical Journal*.

The statement that the constant indulgence is more detrimental than an occasional excess is not very encouraging to those who try to reason themselves into believing that the habitual moderate use of alcoholic beverages is beneficial. That class of drinkers do more to make drunkards and destroy health than do those who occasionally get intoxicated to the extent of not knowing what they are doing. It is safe to assert that alcoholic beverages impair the health of more people than any other one cause.

11. TREATMENT OF STRICTURES.—Howland (Medical News, April 9) writes on "Gradual Dilatation Versus Cutting, in the Treatment of Urethral Strictures" He says: The best genito-urinary surgeons are now decrying the practice of using the knife at the first sign of a stricture of the urethra. This is good surgery and should be even more generally practiced. Dilatation is always advisable and more often successful than surgeons generally believe. The length of period necessary to effect a cure depends largely on the patient and on the stricture, the length of time it has existed, and its location in the urethra varying from three to twelve months. Many patients prefer the cutting operation to this long treatment, until they understand that with such operations the cure is not as permanent and sounds have to be passed at regular intervals. I have observed the best results from gradual dilatation up to and not exceeding 32 French, and if a urethra thus treated can be maintained at a calibre of 28 or 26 French, it is all that will be required. The dilatation should be conducted slowly and with great care, and an advancement of more than two sizes at one sitting not attempted. At the slightest sign of blood oozing the treatment must cease and the irritated membrane treated by installation or irrigation with some astringent preparation. I have used plain water at 105 to 110 degrees F., one quart at a sitting, with encouraging results. Never allow a patient to pass sounds upon himself. The writer does not believe that all strictures can be cured by gradual dilatation, but he does believe that a great number can be.—*American Medical Compend*.

We believe that gradual dilatation is the best treatment for urethral stricture; its efficacy is increased if electricity be used in conjunction with dilatation. The cutting when a urethrotome is used or the tearing that is caused by rapid dilatation leaves wounds that may result in an increased amount of cicatricial tissue, thereby increasing the trouble rather than curing it. Besides there is danger of causing acute urethritis and cystitis that is difficult to control because of the traumatism, and sometimes these conditions become chronic, leaving the patient constantly predisposed to acute attacks. Every case that has trouble in micturating after specific urethritis

does not necessarily have organic stricture, but many have inorganic stricture which can be cured by electricity, and which may be very much aggravated by the use of large sounds, especially if used when the patient is not under an anesthetic. Routine treatment too often leads to indiscriminate use of a useful method, thereby bringing it into disrepute and injuring those to whom it is applied but who do not require it.

It may be there is danger when so many doctors are aspiring to be surgeons that the desire to be expert operators will become so strong that it will prevent the development of surgical judgment that is able to discriminate between cases that require and those that do not require operations. It makes little difference in the outcome of most cases whether the operation is done in one minute, seventeen and four-ninth seconds or if ten times that number of minutes and seconds be occupied; but it does make a great difference to the patient if an unnecessary major operation is performed or a necessary one is not done. Some doctor has said that surgery is cutting and tying, but that is the smallest part of it. The months and years that follow an operation show more than the short time required to do it whether the surgeon is a good or poor one. There is not so much difference between scars that are the outcome of wounds made by different surgeons as between the wounds in the same operations on the day they are made. The scar shows there was a wound, the health of the patient shows the efficiency of the surgeon, and by the latter standard he should be judged and not by the number of scars he makes. Of course to that rule there is the exception of incurable cases operated on to alleviate suffering. Too many times the reckless surgeon mistakes his recklessness for boldness. The former is usually due to ignorance of his own capabilities and the patient's condition; the latter to a knowledge of his skill, judgment, and of the patient. No one would care to place himself in the hands of the former, nor have need to fear entrusting himself to the latter if he be honest.

12. Doctor Peyer cured a case of profuse continuous perspiration, attended with emaciation due to masturbation, with the cold sound and psychrophore in six weeks. The patient had taken many drugs without benefit.

13. Gallard recommends the following for vaginismus: *Ol. theorumæ* ζ i, potass. bromide gr. x, ext. belladonna gr. vi, acid-thymic gr. i; mix and make one suppository to be inserted into the vagina every evening. He also prescribes for the same disease potassium permanganate gr. xx, potass. chlorate ζ ii, aqua distil. Oii; mix, add one dram to a quart of warm water, and use as a vaginal injection night and morning.

14. From the Practical Druggist is taken the following for comedones: Kaloin, 4 parts; glycerine, 3 parts; acid acetic, 2 parts; ol.

odorat. ad lib. Apply at night and several times during the day. After a few days' use they can easily be removed.

15. Dr. Straight, in the *Cleveland Journal of Medicine*, writes of the affections of the upper air passages in women with uterine disease. He states that uterine disease is in many cases a cause of tuberculosis. Overlooking uterine disease in apex catarrh is a grave error. Symptoms of impaired health in a majority of such cases are seen before the catarrh manifests itself. Patients with uterine disease take cold more easily than when uterus is normal. He is convinced that there is a tendency among throat and other specialists to depend too much upon operative measures, and too little upon corrections of general conditions. The following cases are given:

CASE 1.—A young married woman, aged 25 years, consulted me three years ago as to her throat and chest. For about four years she had had a great deal of cough, and had taken cold constantly. She had had a half-dozen doctors, but had not succeeded in obtaining relief. Examination of her upper air-passages revealed a chronic laryngitis and no other abnormal condition. Physical examination of the chest revealed slight chronic bronchitis. Her history led me to suspect uterine disease. The case was referred to Dr. Wm. H. Humiston. Her uterus was dilated and curetted. Failing to relieve his patient by the operation mentioned, a few months later the tubes and ovaries were removed. The patient recovered almost at once from her bronchitis and laryngitis. I have watched her for nearly three years, and her cure is a permanent one.

CASE 2.—Mrs. C., aged 22 years; married two years; came to me about four years ago to consult me as to her throat. She had had a chronic laryngitis for a number of years. An examination of her upper air passages revealed no other abnormal condition. The examination of her chest revealed a localized capillary bronchitis at the left apex.

The patient had lost flesh, and was extremely nervous and miserable. She gave a history of uterine disease. Two years before she had had a dilatation of the cervix; but as no permanent relief resulted she was slow to accept my advice in regard to consulting a gynecologist at once. She refused and I treated her the best I could until I could induce her to follow my advice. Medical treatment relieved the patient very much; but after a few weeks she was willing to accept my advice. She was referred to Dr. Wm. H. Humiston. The patient's uterus was dilated and curetted. The disease of the apex and upper air passages disappeared almost at once and the patient has remained perfectly well up to this time.

CASE 3.—The patient, an unmarried woman, aged 21 years, consulted me three years ago, because of a hoarseness and nasal obstruction at night. The patient had a vasomotor rhinitis, and a slight laryngitis. Whether her general health was below par or not was a question. She had no rapidity of pulse and no elevation of temperature. This does not necessarily exclude an apex catarrh; but the girl was very modest, and I concluded to postpone a chest examination. The patient had some pain on menstruation, but nothing marked. She was not quite as strong as when she was eighteen years old; but she attributed her condition largely to overwork in college the previous year, and was not prepared to think there was much in her case except the irritation of the throat and nasal obstruction. She was cauterized first on one side and then on the other. The condition of the larynx did not improve at all, although the cauterization did relieve the nasal obstruction. After waiting six weeks I examined the chest and found nothing abnormal. I did not tell her that the laryngeal inflammation was due to the climate, and that a change of climate would be necessary; but I did tell her that I believed that her laryngeal irritation arose altogether from a slight endometritis. I advised that she consult a gynecologist. She consulted the family physician, and he referred her to Dr. Lillian G. Towslee.

The patient's uterus was dilated and curetted. She promptly recovered from all her complaints as to her throat, and has remained well to the present time.

CASE 4.—The patient, an unmarried woman, aged 24 years, consulted me as to her throat. She had been treating continuously for eighteen months with a throat specialist before coming under observation.

Examination of her upper air-passages revealed only a slight chronic laryngitis. The examination of her chest revealed nothing. She had had a slight dysmenorrhea for years, and an ovarian tenderness on one side. I told her that she had an endometritis, and that she had come to the wrong physician for treatment. I advised that she consult a gynecologist at once. She hesitated and refused, and I waited and finessed. Then she concluded to follow my advice. She was referred to Dr. Wm. H. Humiston. Her uterus was dilated and curetted. Her recovery was prompt and pronounced.

CASE 5.—The patient, a married woman, aged 35 years, consulted me as to her throat. She had not been in good health for three or four years. She had had *la grippe* a number of times. Examination of her upper air-passages revealed a hypertrophic rhinitis, a chronic laryngitis, and an enlarged lingual tonsil. Examination of her chest revealed a localized chronic bronchitis on the right side at the fourth interspace. I quizzed her as to her uterine functions. In some way, either through her modesty or my carelessness, I was led to believe that the uterine organs were normal. I attributed her depressed health for the last three or four years to the capillary bronchitis. I cauterized her nose, sprayed her throat, shaved off the lingual tonsil, and gave her benzosol and strychnin. She improved so far as I could see satisfactorily. The localized bronchitis cleared up, and she was discharged as cured. Within six weeks she went to Dr. Lillian G. Towslee upon the recommendation of a friend. Upon examination Dr. Towslee found an enlarged retroverted uterus. Comments upon this case are unnecessary.

CASE 6.—August 1, 1897, a young unmarried woman, aged 21 years, consulted me as to her throat. She was slightly anemic; had a slight disturbance of the gastro-intestinal tract; an evening temperature of 99.5°, and a slightly rapid pulse. She had lost some flesh and strength; had not been well for two or three years. An examination of her upper air-passages revealed a laryngitis only. An examination of her chest revealed a well-marked apex catarrh on the left side. She gave no history of uterine disease, although I quizzed her closely. Upon treatment she improved satisfactorily. After a month she flowed too freely, and I again quizzed her closely as to a possible uterine explanation of her long-continued ill-health. Again I could get nothing. Her treatment was continued. For a month or six weeks her progress was satisfactory. The next two monthly periods gave no new information; then she failed to progress as I expected her to do, and I again questioned her as to her uterine functions. No definite information could be obtained. However, I told her that, although she had no definite symptoms, I believed that there was something back of the catarrhal condition at the apex, and that I could not disabuse my mind of the suspicion that she had an endometritis. I referred the patient to Dr. Lillian G. Towslee. Upon examination she found that the patient was suffering from a slight endometritis, and began at once to treat the patient locally. In addition to keeping up the general treatment of benzosol and strychnin with which I had started out. The treatment of the case has been of too short duration to report a cure, and yet this case is no less instructive than the others reported.

CASE 7.—The patient, an unmarried woman, 22 years of age, consulted me one year ago because of hemorrhage of the nose. An examination of her upper air-passages revealed nothing abnormal, except a slight ulceration of the mucous membrane over each side of the triangular cartilage. Her health for two years had not been as good as before.

She was more nervous than normal, and slightly anemic. She had been treated for a year by one of the most prominent practitioners of the city for her stomach. There had been no special improvement; also a local examination had been made recently by a competent physician, and the patient had been informed that no uterine disease was present.

Her temperature and pulse were normal. An examination of her chest revealed nothing; an examination of her urine revealed nothing abnormal. Her uterine history was negative. And yet there were some suspicious things

in connection with the case that led me to believe that a slight endometritis was the explanation of her condition. She was referred to Dr. Lillian G. Towalee. A local examination revealed a slight endometritis, as the explanation of her long-continued ill health.

In conclusion, I believe a slight endometritis is often the cause of long-continued ill-health; that it is often the cause of what is called idiopathic anemia, and that the patient goes through the hands of a number of physicians without any one's having a suspicion as to the uterine trouble. I am also very certain that in the early course of the disease it is not an easy thing to make a diagnosis, or even to suspect its presence. I am also firmly impressed with the importance of very careful study of uterine possibilities in women who present themselves with complaints of the upper air passages, and I believe that the progressive throat, nose, and ear specialist ought to add to his armamentarium a competent gynecologist. On the other hand, my conviction is no less firm that many a patient drags through months of suffering and ill-health, and goes from one physician to another, with an apex catarrh, and the diagnosis of an idiopathic anemia, nervous prostration, being run down, etc., is made, without the real importance of the case being appreciated. To treat such cases locally, only for diseases of the upper air-passages, is unfortunate for both the patient and the reputation of the specialist. To diagnose these cases is not easy; consequently one must either learn physical diagnosis himself, or add to his armamentarium a physical diagnostician. Every man in the practice of medicine ought to be a doctor first and a specialist afterward.

These cases are from the observations of one man, whose special attention is given to the respiratory tract. They did not respond to the treatment directed especially to them, because the exciting cause was not removed. But the same cause will develop disease in any other organ of the body, as anyone who has broadly studied the subject can testify. For some unknown reason except predisposition, the ill effects of remotely located causes are manifested in different organs of different people.

It should be noted how slight the uterine irritation in some of these cases, and yet how severe and long-continued the respiratory trouble, and also how rapid the disappearance of the affection that attracted the attention of the patient after treatment for the individual had been used. But the examination should not stop with the uterus. In every chronic case it should embrace every part of the body. We recall having treated some years ago a case of asthma for several months without benefit, and then without thought of curing the asthma operated on the patient for an external incomplete anal fistula. The result was not only a cure of the latter, but also of the former. Another case of asthma, for the cure of which much money had been expended, we cured by correcting a case of congenital phimosis. It will be recalled by many that Sayer reported in 1885 cases of talipes paralytica, for which tenotomy had been advised, by operations on the hood of the clitoris and foreskin. Current medical literature contains reports of many diseases cured by removal of reflex causes. The trouble is that the physician has tried to cure too many successive cases by the same treatment that made the one brilliant cure, and of course failed, and then concluded that the case was an anomaly. But physicians have made the same mistake with drugs. Many times a remedy that has been of marked benefit to a difficult case is frequently prescribed for a time to cures

that do not come within the sphere of its influence. Orificial surgery has not been an exception. It has been indiscriminately used where it was not indicated or required and abused by enthusiasm. Just as the obvious lessons to be learned from the clipping will prove of no value were every case of respiratory trouble in a woman treated by dilatation and curettement of the uterus. While believing in the treatment of cases by orificial methods that come within its scope, yet in their selection the same care should be exercised as in prescribing medicine, electricity or any other course of treatment.

15. In a resumé of the treatment of dysmenorrhea in the Medical Review of Reviews, cervical dilatation is not regarded as a positive cure in a majority of cases. In some it is palliative, and improves for a couple of months. In our own experience it is unsatisfactory except when the neck of the uterus is abnormally small, but when the contraction is due to a nervous condition, or to spasmodic contraction and to disease of the tubes and ovaries, it is of itself very little, if any, benefit. That form which has the most severe pain during the first few hours of the menstrual flow, and improves as the discharge of blood becomes fully established, is likely to be benefited by dilatation, but that which has the most severe pain after the flow has become established is not benefited in the least by dilatation. If that treatment is adopted the patient will be disappointed.

C. A. WEIRICK.

OSTEOPATHY--SCIENCE OF DRUGLESS HEALING.

BY OPIE READ.

MAN constantly finds something new about himself, and it is thus that the world moves. From the dawn of time he has been his own study, and is even yet a mine of mystery unto himself. We reverence the past, soft in a mellow light, and yet we know that the schoolboy of today is wiser than the sage of the long ago. Theory becomes science, and science resolves itself into a commonplace fact, and we wonder that we were so slow to accept so manifest a truth. We study ourselves, indeed, but sometimes we are loth to credit our own intelligence. It is our reverence for the old. A great orator when asked how he would go about toward the betterment of the world, replied that he would make good health catching instead of disease. Good health is catching. Good health is natural. Nature's aim is to be free from disease. What mockery is there in the saying that a man of thirty died a natural death. To die before extreme old age is most unnatural. There is something wrong with the running of a machine that wears out too soon. An observant machinist can repair the evil. Man is a machine, and recently there has come into notice a school of machinists to regulate the machine man—Osteopathy. Most cheerfully do I subscribe to this science. I have felt the benefit of it, and I honestly believe it to be one of the most wonderful discoveries of any age. If my voice, though limited in range, may help the suffering, it is my duty to lift it. My associates know that I am a firm believer in Osteopathy, and they

know that I here set down what I conceive to be the truth. I have no fear of writing a "puff;" I have no edge to whet, no "graft" to gather. In my humble way I am as earnest as Joseph Medill was when he advocated, in his great newspaper, the benefits of the Keeley Cure. Every man, not wholly vicious, would like to aid the suffering. The fear of advertising a public blessing is an evil.

During more than a year I have been interested in Osteopathy. My attention was first called to it by a friend whose wife had been cured of insanity. To me the name was misleading. I did not suppose that it was one of the branches of faith science, as there can be but little of bone in faith, and yet I didn't see just what part the average bone played in the disarrangement of the mind. Closely following I knew of a prominent man who had been cured of paralysis. Shortly afterward with Colonel Vischer, I was in Frankfort, Ky., to take part in an entertainment. I was suffering with grip. The legislature was in session. I heard that in the hotel there was an Osteopath who had come to look after a bill that had been introduced in the house. I was too ill to get out of bed. I sent for him, and with one treatment he cured me. Still, this might have been a mere happening. But it was not a mere happening when later I was made to feel better than I had felt for years, when I underwent a complete physical regeneration at the Illinois College of Osteopathy. And now I have added reading to observation. I find that



Photo by Root, Chicago.

LIDA E. GREEN, M. D., D. O., PRESIDENT.

some of the greatest physicians have indorsed this wonderful departure in the treatment of disease, some of them unconsciously. Dr. Oliver Wendell Holmes, dear to American letters, a graduate of Harvard, a medical man of renown, a professor of anatomy and physiology in Dartmouth, once declared that mankind had been drugged to death, that the world would be better off if the contents of every apothecary shop were emptied into the sea, though the consequences to

the fishes would be lamentable. Surgery is a great and exact science, in some of its branches, but medicine has retained too much of the ancient conjurer's methods. It was also Holmes, I believe, who said: "The disgrace of medicine has been that colossal system of self-deception in obedience to which mines have been emptied of their cankering minerals, the entrails of animals taxed for their impurities, the poisonous bags of reptiles drained of their venom, and all

the inconceivable abominations thus obtained, thrust down the throats of human beings suffering from some fault of organization, nourishment or vital stimulation."

Here is a claim made by the Osteopath, and no man can successfully refute it. With infinite labor he properly adjusts the bones, normalizes and puts the misfit muscles into their

traces, reduces false pressures, stimulates, relaxes, or desensitizes the network of nerves that control the functions of every organ of the body. He frees the forces and currents. Nerve centers are manipulated by manual pressure, so that by stimulating or desensitizing he controls the heart's action. Thus by retarding or quickening the heart and the nervous cur-



Photo by Root, Chicago.

D. E. KERR, SECRETARY-TREASURER.

rents, the operator can regulate the action of the stomach, bowels, liver, pancreas, kidneys and other organs. By pressure on the vasometer center which controls the caliber of the arteries, he reduces the temperature of fevers several degrees in as many minutes.

In my reading I have come across certain tenets of this great healing school, some of which I transcribe, believing from investigation that they are true.

Medicine continues to point with pride to the ingenuity and bewildering complexity of its theories; Osteopathy asks the public to look at results.

Osteopathy is a system of healing by manual operations without the aid of drugs or stimulants.

Nine-tenths of the diseases which come to the Osteopath are treated first by stimulating the nerves of the excretory organs of the system for the purpose of cleaning up the dirty house within which the human soul dwells.

The principles of the science can be comprehended only by those who are familiar with anatomy and physiology. Osteopathic practice cannot be explained in print or by word of mouth.

The chief cause of disease is due to mechanical obstruction to natural functions. There is some displacement, enlargement, obstruction or abnormality of bone, muscle, ligament, or some unnatural pressure upon a nerve or blood vessel.

With an accurate knowledge of anatomy, Osteopathy deals with the human body as an intricate machine, which, if kept in proper adjustment, nourished and cared for, will run smoothly into a ripe, useful old age.

Osteopaths believe that every living organism has within it, as its special

gift from God, the power to manufacture and prepare all the chemicals, materials and forces needed to build and repair; together with all the machinery and apparatus required to do this work in the most perfect manner. Osteopathy claims that no longer will suffering humanity be compelled to quaff noxious draughts and flinch under the cruel knife of the surgeon in efforts to seek relief from disease. Osteopathy is the new healing science, the science of healing without drugs. Among its followers are the most prominent people of the world.

I am quoting freely, and with but little care as to arrangement, but with a desire to set forth the "platform" of the school. I have at hand hundreds of testimonials, from the most trustworthy of sources, but this science needs no testimony except an illustration of its own principles. All that truth needs is a light thrown upon it. But man is hedged about by traditions, by adherence to a constant experiment that has come down through the ages, the belief that to swallow drugs puts him on the road to health. The little mind is slow to accept a great but simple truth. The world loves to be tricked.

"You have a great industry in your town," said a stranger to a village philosopher, pointing to a tall chimney from which a constant smoke was pouring. "Yes," replied the philosopher, "a great factory built upon the credulous hope of aches and pains—it is a patent medicine laboratory."

Recently I heard a farmer say that patent medicines for his family cost him more than his taxes. Taxes upon his land and taxes upon his ignorance; and yet he is not much worse off than the man who is constantly swallowing drugs prescribed by regular physicians. Both are victims of a time-worn error. "But medicine has made great discoveries within the past few



L. M. ELLIS, M. D., D. O., LECTURER AND
DEMONSTRATOR OF APPLIED ANATOMY.

years," remarks the believer in doses. Yes, it has discovered new ills that it cannot cure. It has presented man with Bright's disease. "Oh, we know what's the matter with you," it says with a satisfied smile; "our progress teaches us that." "But can you cure me?" the wretched creature asks. "Well, now, that's another question, but we've got your disease down fine." What does Osteopathy say? It says that the machinery is out of order, that the wires are crossed, and then it proceeds to regulate the machine.

Of course the doctors fought it; it couldn't possibly do any harm, but they fought it. In different legislatures they introduced bills against it. But the law has been compelled to recognize it. In the Kentucky general assembly an old fellow who had



RECEPTION ROOM.

been asked to vote for a bill prohibiting the practice of Osteopathy in Kentucky, got up and said:

"It's all very well, gentlemen, to fight against dangerous things, but I can't stand with you on this occasion. For more than two years I lay a helpless invalid, under the care of every doctor in the community, first and last; but along came Osteopathy and cured me. Therefore I'll ask you to excuse me."

A school of Osteopathy ought to be established at every health resort in the country. The government ought to see that one is established at Hot Springs. It is worth all the curative waters in the world. It is almost an instant freedom from weariness. It is the champagne of nature. It destroys the appetite for drink, not



E. H. PRATT, LL.D., M. D., LECTURER & DEMONSTRATOR SYMPATHETIC SYSTEM.



LECTURE ROOM.

selves for the sake of their future success, and they owe it to the cause of humanity, whose disciples they profess to be.

I have been taking treatment at the Illinois College of Osteopathy, at 167 Dearborn street, and of this place I speak from experience. And I would recommend any man, not too old, who is dissatisfied with his profession—I would advise every physician to study Osteopathy. It is spreading so rapidly that it is with difficulty that enough operators can be obtained. It is the best field now open to the youth starting in life, and I hope that this will fall under the eye of many a country boy, strong and intelligent, who feels himself fitted for something better than digging in the ground. I recall the following from a conversation which I held with D. E. Kerr, Secretary of the Illinois College of Osteopathy:

"We are the only Osteopathic College that teaches actual dissection. The foundation of Osteopathy is acknowledged by every Osteopathic practitioner to be anatomy, and it is impossible to have a good knowledge of anatomy without dissection, and we are the only Osteopathic College that teaches it. This is a strong point. We have raised the grade in the practice and teaching of Osteopathy, and it is so acknowledged almost universally. We are in a position to do it, and the benefits that a city like Chicago afford a student that goes out into the world to meet the emergencies of practice are far beyond what they are in a small inland town where it is almost a punishment to reside.

"Another great advantage, enjoyed by no other Osteopathic College, is that arrangements have just been completed whereby each student is required to assist and give attendance upon at least six cases of accouchment, and attend Cook County Hos-

pital clinics. Attendance of students upon the morgue at Cook County Hospital brings to view the varied interrelations of the internal organs in more cases than the student is permitted to see in any other city in the United States.

"Materia medica and therapeutics will not be taught the first year. The true physician, whatever is his 'pathy,' must be able to detect in emergencies, alcohol narcosis from opium and ptomaine poisoning; the convulsions of strychnine from those of hysteria and epilepsy, must know the antidotes for these and other poisons. Therefore, the course of materia medica and therapeutics, toxicology and urinary analysis is also essential to the Osteopath, and is taught in no other Osteopathic College."

The photographs herewith presented are likenesses of a few among the many competent teachers and operators at the infirmary where I was treated, and I feel it a pleasure to introduce them as thorough, practical thinkers and workers. The institution is thoroughly equipped in every department, and the large corps of instructors and operators are eminently qualified for the duties assigned them. "Thoroughness in every detail" is the watchword, and, under the strict discipline maintained, combined with the practical and skillful instruction given, the student makes rapid progress. In the infirmary, as well as the school room, "thoroughness" is insisted upon, and as a result permanent cures are effected more speedily than at any similar institution. This appreciation of the value of "thoroughness" has been very gratifying in its results, gaining for the institution an enviable reputation with both patients and students.

These facts I have given for the benefit of anyone intending looking

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THE ELEVENTH ANNUAL CONVENTION OF THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS,

HELD AT THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE, CHICAGO, SEPTEMBER 7 and 8, 1898.

SEPTEMBER 7, 1898, 3 O'CLOCK P.M.

Convention called to order by President Sawyer.

The President: The first matter of business before the society will be the report of the secretary, Dr. Curryer.

The President: What is your pleasure in regard to the secretary's report?

On motion the report of the secretary was accepted.

The President: We will next listen to the treasurer's report.

On motion the report of the treasurer was accepted and ordered spread upon the records.

The President: Have the Board of Censors any report to make?

Dr. Kreider: I believe I am the only censor present. I have the names of A. O. Ullrey, James C. Avery, H. C. Finch and G. R. Herkimer, all properly recommended.

The President: What is the pleasure of the society regarding the names proposed for membership?

Dr. Costain: I move they be accepted as passed by the Board of Censors.

Carried.

The President: Inasmuch as we are liable to have some other business for this Board of Censors, and none of the others present, with your consent I'll name two other members; I will name Dr.

Whitehead of Bowling Green, and Dr. Aldrich of Minneapolis. If there is no further business before the society, we will proceed, as has been the custom heretofore, with the president's address. In making up the program the secretary simply placed it on for this evening, but as the subject matter pertains especially to the early part of the meeting and the suggestions therein contained if acted upon should be acted upon early, we have concluded to take it from its stipulated place on the program and have it now, with your consent.

PRESIDENT'S ADDRESS.

C. E. SAWYER, M.D.

MARION, OHIO.

MEMBERS OF THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS:

With this convention begins a new decade in the history of this society. Eleven years ago it was organized for the purpose of furthering the objects of orificial philosophy. The advisability of its existence was at that time questionable, for it was supposed by some that it would so infringe upon the rights and domains of other medical and surgical bodies as to interfere with its influence and growth. So grave was the doubt that the president in his address suggested that the society might not be needed, and possibly would not long exist. He could not foresee the proportions it was to attain or the influence it was sure to wield, for then the orificial philosophy was in its speculative stage, and its destiny was unknown.

With a will for every task, with a determination for every demand, and strength of purpose for every trial, each member of the society went forth with a heart for any fate, and now after ten years of successful organized work, with collaborators in every state, with principles fixed and recognition won, we have just grounds for congratulation as well as for the hope of realizations to follow in keeping with achievements past.

Inspired by this belief, I feel greatly honored in the privilege of presiding over your deliberations at this advancing period in your history. I wish to thank you most sincerely for the compliment you bestowed upon me in electing me president. I wish also to thank you for the co-operation in the workings of this meeting your presence signifies, and for the interest your contributions indicate. I appreciate the cost of time and effort on the part of busy surgeons the present program shows, and I wish to extend

to you, one and all, in the name of the officers of the association, a most hearty welcome to the privileges of this meeting.

Some one has said: "New times demand new means and new men. The world advances, and in time outgrows the which in our father's day was best."

Such were the demands and conditions when this society was born. When Doctor Pratt gave to the world the orificial philosophy of cure, doctors were admitting their helplessness in coping with a large per cent. of chronic diseases. Past methods had proven their inefficiency, medical skill had reached its limit, and general surgery was incapable of relieving chronic invalidism which was steadily increasing. With these deplorable conditions presenting it was high time for some radical change in both means and men.

Empiricism, with its uncertainty and its doubt, needed to be supplanted by materialism with its fixed results. With such conditions to stimulate action, this association was founded to aid in maturing plans and improving methods whereby the promising prospects of orificial surgery could be best secured.

As it was from necessity that this society came into existence, by competition was developed, and by comparison has matured, it may not be out of place at this time to review our past, scrutinize our present, and formulate our future.

When the American Association of Orificial Surgeons was first organized, orificial surgery was new, all orificial surgeons were pioneers. There was no blazoned path to indicate the way, no beacon lights to guide, no compass to direct, no past experiences to be followed, no rules had been formulated, no plans fixed; everyone was awake to the possibilities to be achieved, but there was much to be done which could only be accomplished by organized effort. To bring order out of chaos, to bring system out of disorder, and to arrange in a methodical way the results of experience, this association began its work, and it has been the continuous effort of the society to widen the field of orificial usefulness, to rescue from doubt any and all of the principles employed, to aid in correcting shortcomings, to overcome irregularities, and to disseminate the truth.

With these objects ever in view, this society has grown from the weakness of infancy to the strength of manhood; from obscurity to an enviable position; from a membership local in its relations to

one composed of hundreds of physicians of all schools, representing every State in the Union.

Having labored hard to eradicate all principles smattering of quackery, all ideas of self-promotion, and all thoughts of individual emulation, it is with no little pride that we refer to our success, which is everywhere evidenced by the fact that our present active membership is made up of many of the country's best surgeons, whose conservative methods and splendid results have always merited recognition and support.

With such a progressive history, we have no cause for regret, and can reasonably hope that our future may be as glorious as our past has been successful.

The advantages that have accrued to us personally by our meeting together have been incalculable; each one has been strengthened and improved by our association here. To all of us these classes and our association meetings have afforded us post-graduate advantages most valuable. Here, year after year, we have assembled not only to discuss papers and review methods, but we have been enabled to keep step with the progress of the times, and to these advantages is due much of our success individually, for by coming here we are all stimulated to greater effort and better work, and we are each made wiser and better by partaking of the refreshing draughts emanating from the well-springs of knowledge of those who, like ourselves, are continually seeking improvement.

Encouraged by our successful past, it is the duty of each of us to give our undivided attention to the work at hand. The papers that are to be presented here have been prepared at no little effort on the part of their authors and they are entitled to your careful consideration, and I hope that each of them, as presented, will be given the consideration it merits. Remember that the benefit to be attained comes from your own personal interest in the subjects presented.

It has been a custom of this society to give the greatest freedom of participation in discussions to all present, whether members or otherwise. The same liberal disposition of the past will be extended to the present, and you are all invited to take an active part in the discussion of all papers, only remembering that time is precious and that your remarks should be short and to the point.

After an experience of three years as secretary, and now with my knowledge as acting president, I would call your attention to

some of the matters which in my opinion would be bettered by regulation. Heretofore, the securing of a program has been left entirely to the secretary of the association. He has divided the work into sections and has selected chairmen for these various sections, according to his own judgment. He has then also, solicited contributions for the various bureaus and his work has been most arduous, and I assure you, from my own personal experience in that regard, far from satisfactory to himself. This society has outgrown the proportions that admit of longer continuation under such a course of procedure. There is no limit to the membership of as general a society as this if business-like methods are adhered to in its operation. Heretofore there has been too great laxity in this regard, and to meet the present demands I would propose that we make it the duty of the executive committee to solicit personally chairmen for the six bureaus, into which the work should be divided and that each of the chairmen be named before the adjournment of this meeting. Each chairman should then be instructed to name a secretary, and this secretary should be notified and his agreement secured before the society adjourns.

Between the chairman and secretary of each of the sections, there should be decided upon some special topic to be considered by the members of the bureau, and men selected according to their fitness to furnish papers. Each bureau should be entitled to six papers, four besides those of the chairman and secretary. For each paper there should be appointed a surgeon to open the discussion.

This arrangement would be sure to secure us ample material of a kind that would be practical and useful. With this understanding at the present session each succeeding meeting would develop new strength, especially if a certain percentage of each bureau be made up of the new members. I believe it would also be well if it were the duty of one of the censors to make it his special business to solicit membership from the register of each of the new classes. Many men would unite themselves with us if they were only invited to do so.

I would also recommend that the initiation fees be reduced one-third. This would, under the present order of things, secure sufficient funds to pay the running expenses of the association and at the same time be lighter on the new members.

I would also recommend that the first half hour of each after-

noon session be given up to the consideration of miscellaneous business and such subjects as are of especial interest to the maintenance of the society, and that our censors' reports and such other official business as comes up for consideration be attended to at this time, for nothing so detracts from the interest in papers, as do interruptions of matters of business. Strict business methods are very important in the operation of all associations, and especially this, and if such methods are adopted and enforced, we will be able to get more out of the time allotted, and will increase our working membership infinitely.

The program before us indicates the nature of the mental feast of which we are about to partake and as every moment is essential to its proper execution, I shall desist further occupancy of your time with the assurance that I will do everything within my power to justly and conscientiously carry out your desires. Begging your indulgence in any of my shortcomings and asking your support in expediting the work, we shall proceed at once to the carrying out of the program as nearly as possible with the arrangement stipulated.

Dr. Means: I move that a committee of three be appointed to report on the address of the president at the next session.

Motion seconded and unanimously carried, and Dr. Means, Dr. Pennoyer and Dr. George were appointed as such committee.

The President: The first section is "Orificial Philosophy"; Dr. Van Scoyoc, of Kansas City, is chairman of this section. The doctor will please take charge of it.

Dr. Van Scoyoc: We have first a paper by Dr. Conger.

Dr. Conger: Perhaps I owe an apology to the association for this paper because it is a little out of the line of orificial surgery; but taken as a whole I think it covers orificial surgery.

A SYNTHETICAL STUDY OF THE PHYSIOLOGY, PATHOLOGY AND THERAPEUTICS OF NERVE FORCE.

MILTON G. CONGER, M.D.

MT. AIRY, OHIO.

Since the theory of the neuron has been demonstrated and proven practically true, a very different aspect of the physiology, pathology, and therapeutics of that subtle agent, nerve force, presents itself. We must find a new source for it. We must allot to it a nobler

function in the organism of living tissues. We must give a better account of its maneuvers in and dissipation from the organism. And, too, as the ponderous momentum of new and higher thought drives us onward and upward toward the solution of life's mystery, we must recognize in nerve force that biological element nearest akin to the Divine.

All honest men believe that somewhere and somehow there exists beyond the finite an expanse which is infinite; that above the natural there is a supernatural; and that for mortality there is a compensating immortality. Even though man doubts the existence of God, he grants by gross unbelief that out from the mystery of life there emanates from the known to the unknown, even from eternity to eternity, a current of reality too great to be comprehended or encompassed by the finite mind. No man can concede more. And we who, in our daily walks, are brought face to face with the inexorable laws of nature, even though we sometimes allow ourselves to drift out in the treacherous current of materialism, must turn back to the shore of truth and recognize in its sands the complex footsteps of fleeing reality. In the natural we must behold the supernatural; in the mortal we must search for the immortal; above the finite we must grant the infinite; beyond time we must compute eternity; and in the material we must recognize the immaterial. We must study the first and conjecture the second. In truth, we must study the known in the rôle of the manifest unknown. I say *must*, for out from the immaterial, from the unknown, comes such an element of siren coquetry, such a promise of untasted pleasures, such a measure of unmeasurable contentment to be attained, that we are lured on and on toward that acme of possessions from whence all things shall be seen and understood as they are.

When the pristine student of nature following this impulse noted the inseparability of respirations to life, he naturally concluded that the breath was life. Hence, tradition says, "And the Lord God breathed into his nostrils the breath of life." Later, when the memory of a responsibility to a Creator faded in the creature and the worm of depravity had surreptitiously tainted his aspirations till his sublimest thought festered with its poison, his life as his thought seemed to spring from the loins, hence to them was ascribed the supernatural element. Then, when the trilling, pulsating rhythm of the heart was found to begin and end with life, in

that organ was described the abode of the soul. Still later the phantom of existence was traced to the ceaseless blood-current. After this, as if fatigued by a vain endless pursuit, man ceased his efforts to find life, until sorely beset by an awakening Providence that energized him anew to seek for salvation from mortality. This awakening, as decided as it was sudden, carried him from the natural to the supernatural, and for centuries the consensus of opinion taught that life was something distinct and separable from the body, and that he who would find it must leave the living, pass through the city of the dead, enter into a limitless expanse beyond, ere he should find the soul. From this far from satisfactory effort man is turning back to seek for the phantom in things tangible. And, too, Divinity, so long jealous of his secrets, has begun to relent, and with marvelous rapidity is unfolding them to a humanity made more worthy through long suffering. So that now in our day, when the avenues of discoveries are so broad and yet so thronged with the grand and the sublime that one is simply wonder-mad, in the very hour when we are overtaking the fleeing specter Unknown by means of the fast-flying tandem of light and electricity, the latter is hailed as a probable element for which we seek. And yet it is not. But I doubt not that electricity is the threshold through which we shall pass to find Light, Life, and God.

Since analysis has supplanted synthesis as a mode of study, the scientist has taken the place of the philosopher. However, the efforts of the former are but bringing them abreast the latter, where he no doubt will remain, and the two shall work together toward the tempting goal of immortality.

To-day the tireless efforts of anatomists have dug out the invisible tissues of the body, and in them they trace the ultimate tentacles of the nerve fibre. Other scientists have made wonderful discoveries of electricity. Both classes have not been slow in noting in the invisible nerve force an identity to electricity. Their combined efforts have given physiologists a working basis on which is built the present classification and various theories of the nervous system. But every day brings forth new facts. Old theories that do not stand the test of a noonday sun are one by one withering and passing away, yet their charred remnants glow long, to cast telling reflections from the crystals of truth beneath them.

We are wont to divide the nervous system into two anatomical tracts, viz., the cerebro-spinal and the sympathetic. These each

have their ganglionic section where once we suspected nerve force originated, and the nerve section or conductor which passes the force to and from the ganglion. The cerebro-spinal system, being more highly developed in man than in animals beneath him, has until recently received the larger share of attention from pathologists and from physiologists and psychologists as well. To the school of orificial surgeons must be given the credit for placing before the profession of medicine, at least, the great if not greater importance of the sympathetic or involuntary nervous system in its rôle of causing or curing morbid conditions.

This latter advance has opened wide the door to still another and probably a final advance in medicine. Continued research has destroyed nearly all, if not all, essential dividing lines between the two systems, and, moreover, has made evident some grave fallacies in the theories heretofore held concerning them. Anatomically considered, the division is quite unnecessary, for the cerebro-spinal system is but a manifest hypertrophy of the sympathetic—the hypertrophy in a strictly normal sense as in evolution. Functionally speaking, however, comparative biology demands a new division based upon the evolution of the nervous system. And here permit me to launch out into the turbulent waters of hypothesis and for a moment at most sail toward the land of divinity.

Darwin, in fathoming the depths of biology, brought forth the cleverest hypothesis of all time. At first, to lesser minds, it appeared the blazon effrontery of infidelity. But it was not. On the other hand, instead of forsaking the religious traditions of our fathers, those traditions are brought forth in a clearer, better view to those who accept the theory of evolution. However, to be true to God as well as logical to the highest reason, we must concede to the grand process that has ripened the proud genius man from the atoms of dust a supernatural element.

Of the character of this element we shall speak later.

For our hypothesis we grant that of evolution. Also let us grant a manifest beginning of substance.

It will not matter whether it be spirit or material. Starting with manifest substance we find its atomic elements suffused in a something we call the inorganic relation which we shall designate the primary relation of atom to atom, of molecule to molecule. This condition is seen in every atom of substance known to man. It is an inherent force of the atom. It may be the primary induc-

tive force of Divinity; at any rate upon matter in this condition we have an action of Divinity, no doubt by induction, and co-ordinate activity results in the molecules of the substance, giving us plant life. At this stage we have the primitive nervous system without nerves and ganglia. The nerve force is but the concerted effect of external and internal conditions. For further study let us divide it into primary and secondary action. The former being the inorganic condition of atom to atom and the latter the action of Divinity upon manifest substance. This great step in the organization of his infinite power is not a sufficient source of satisfaction,—omnipotence does not here rest. Again he acts upon the combined primary and secondary products and a complex co-ordination results in perception or animal life of the substance. These processes multiplied in the synthetic laboratory of the universe are matured in God's masterpiece, man, and the authorship of his creation is indelibly stamped in his birth, his growth, his image, and in his death. But so accustomed is man to the indelible stamp of his creation that it oftentimes well nigh fails to attract his attention and from era to era we have influential factions that presume to tear man from his maker and constitute him a product unto himself. Such efforts are not born of reason as the history of philosophy does most emphatically affirm. And the vast wealth of scientific research which apparently has led man away from, does in truth lead him to a recognition of the supernatural as a basis for the natural and we see an ever-increasing tendency of the known to fall down at the footstool of the unknown with that cry of gratitude "What is man that thou art mindful of him and the son of man that thou visitest him." And to-day I feel no apology is necessary in discussing with you that element of our work that savors of the Divine. For such study is not visionary or spiritualistic in the lighter sense of the terms. On the other hand it will aid us to seek out the footsteps of Wisdom.

You already ask "of what service is it to the physician to concede that with the physiological there is an accompanying Divine induction?" We shall see.

The terms primary, secondary and tertiary express in full the action of life. The first with the second has a partial analogy in the faradic battery which of all electrical machines best illustrates that element of the force that is of the greatest value to man, viz.,

induction. This element is also the principal feature of nerve force.

In studying the latter agent, anatomy fails us, and an advance in physiology is beggared, unless we recognize this process or element induction. All the changes in the living organism are under its control. Mentally we see the very atoms of the invisible molecules of every cell connected one with the other by induction. We see the nuclei form and bury themselves in a living protoplasm under the force of induction. We see the pollen or the sperm clinging to the germ cell, enter its portals, and take up his abode in an ever widening activity, in conformity to set laws of induction. We see the rolling, tumbling, onward-rushing, ever-changing red blood corpuscle hasten or slow its progress, arrange itself in dress parade, or fly to the field of action at the word of command from induction. We see the more conservative leucocyte move cautiously along, ferret out the enemy of the organism, seize upon him and carry him from the field of action, through a constant obedience to the same force of nature. We see the old tissue whose function is exhausted, torn away and the new takes its place, as a result of induction. So also every other physical process obeys its call. Indeed, it is more than probable that an idea is the result or product of innumerable lines of induction from the various avenues of perception, and thought but the result of the inductive force of two or more ideas.

According to our hypothesis, thus we follow the wary agent from the supernatural to the natural, from the inorganic to the organic, back, up the ladder of evolution to man, and in organic life, only when the balance of power rests with decay, does the organism fail to respond in the perpetuation of life to the inductive or divine force of nature.

In organic life this inductive force is under the control or rather incorporated in nerve force. It is that element of the force which bridges the gaps that nature designedly left between the neuron elements.

The first problem which arises when we recognize the neuron and the fallacy of that theory which taught that the neuroglia originated nerve force is: "Where does the nervous system get the agent with which it reins or lashes vitality?" Where does the electrician get the power with which he charges his batteries and runs the innumerable machines invention has placed at his dis-

posal? We find electricity is stored up in inanimate material. By processes of disintegration this latent force is set free and man ingeniously captures it and retains it for a season, as a prisoner at hard labor. By analogy so also does the nervous system act. The constant change and waste of living tissues liberates organic electricity or nerve force. It is ready to escape in other strongholds when the intricate mechanism of the nerve elements captures a portion of it and stores it up for present and future use.

I have said there is an identity in nerve force to electricity. Some have gone farther and consider nerve force simple electricity. However, the weight of authority is against the latter opinion, and I believe it is so with reason. I venture to make this distinction. Nerve force is organic electricity, or simple electricity plus the modification of innumerable lines of induction, and is the product of the changes and disintegration of living tissue, while simple electricity is the result of the disintegration of dead tissue or inanimate material.

These corollaries may follow:

1. Nerve force is simple electricity plus the divine element of nature, incorporated as innumerable lines of induction.

2. Nerve force cannot remain as such without the living tissue.

Health and disease lead us to formulate several laws governing their relative intensities or degrees.

1. The relative amount of nerve force in an organism is in direct proportion to the change and waste of its living tissue.

2. The relative amount of nerve force of an organism constitutes its temperament.

3. The relative amount of nerve force in an organism is the index of health of that organism.

4. Disease of an organism is measured by the increase of nerve force of the organism.

The organism as a whole, by its processes of oxidation, of elimination, of assimilation, of absorption, of muscular action, of nerve force action, of circulation, of respiration, of regeneration, and of mental action, makes up the complex generator of nerve force.

Every system of the body has some capacity for holding the force. The nervous system with its insulated storage cells and conductors is designedly the system set apart for the storage and use of nerve force.

A synthetic view of the organism with its almost infinite network of nerves and the incessant formation of nerve force makes up the picture of the only machine that lives. And with all its intricacy, we would naturally suppose that but a slight deviation from the normal would cause a disturbance in the collecting and using of the controlling agent. Such is the case. Any injury to a part liberates an undue amount of nerve force. This force charges to explosion the proper receptacles for its storage. It bursts from the strongholds, runs amuck not only over the proper conductors but from nerve to muscle, from one system to another, always from a tissue of higher to one of a lower potential, and as it runs gradually loses its inductive characteristic till it escapes into the meshes of connective tissue, no longer nerve force, but simple electricity. As a result we have in the organism a state of affairs not unlike that entailed to a system of telephones by a crossed wire, a short circuit, a thunderstorm, or a general tearing down of a portion of the system. The purpose for which the nervous system exists is deranged and the injured portion of the organism is placed in the balance of health and disease.

Now, in the faradic battery we find cross currents, heat or cold, general magnetism, or currents of higher potential brought to bear on the primary current will interfere with and modify the character of the secondary current, and the reverse is just as markedly the case, for strong influences brought to bear on the secondary current will neutralize or polarize the primary current.

Likewise in the living organism a disturbance of the primary relation of atom to atom, or of the combined primary and secondary relations, will affect the tertiary system and vice versa. On account of this intimate relation of the three conditions we find long continued heat and cold and other influences brought to bear on an organism will eventually result in certain characteristics, as the furs of the frigid zones, the variable wool and shedding hair of the temperate zones, and the beautiful colors and colored complexions of the torrid zones.

This intimate relation has caused the stamp of characterist in the molding of evolution. It makes up the vital arch of life whose pillars are the inanimate and the divine, with the grand keystone of induction.

As physicians we are concerned with one as much as another. Up to a recent date science has concerned itself with the secondary

system, because the first or primary system was made of conditions too invisible, and the tertiary system was too great for its comprehension. An injury to any cell or number of cells of the organism, as we have said, liberates nerve force. The probable first result is the dissipation of the force through other tissues as well as from one neuron element to another.

In physics we learn the first effect of the electrical current in passing over non-conductors is the production of heat. We infer such is the result of the passage of nerve force from neuron element to neuron element, and much more so from tissue to tissue. And the more the force is divested of its induction element the more rapid its rate, and consequently the greater the heat produced by its passage. Indeed, it is quite probable that much of the normal temperature of the living tissue is due to the normal passage of nerve force from neuron element to neuron element, and in disease, the amount and force of the current being much augmented, the temperature is also increased. From this inference we may deduce the following: When the organism is fighting disease, other conditions being equal, the amount of increase in temperature is in direct proportion to the amount of nerve force liberated, and hence the temperature chart becomes an invaluable aid in prognosis and treatment.

The second effect of the injury is noted in the controlling centers. If the injury be slight the disturbance may not reach further than the smaller ganglia controlling the affected part. If of great gravity, however, the higher controlling centers are affected. In either case, the increased sensory stimulus is reciprocated by a motor or trophic stimulus to the injured part. If the sensory stimulus is sufficiently strong, the motor and trophic impulse in proportion will send stimuli to healthy portions of the organism, which, by this means, are brought into play in aiding the diseased portions in throwing off the injury. There follows a concerted effort of life to repair the injury and to put an end to the life of the aggressive destroyer.

This battle between life and death we call inflammation. Its processes as studied under the microscope are familiar to all students of pathology. Though it has many names and characteristics, it is the manifestation of every effort life makes to elude agents of mortality. It is as the quickened pulse of a disturbed nation. It is the hasty preparation, the parting assunder of friends. It is the

hurrying to and fro to the battlefield. It is the withstanding of the siege, the aggressive attack. It is the cannonading, the rumble and roar of shot and shell. It is the hand-to-hand conflict, the screech and curse of maddening participants. It is the clearing of the battlefield, the lingering repairing of that which was destroyed. Such, indeed, is the battle in an organism for life. No defending army ever does nobler or more heroic work in battle than does the agents of life. Yet their engagements, though artfully manned, are not infrequently lost to them by zeal confused and misdirected.

In the first step the excess of nerve force engendered by the onslaught of destruction causes exaggerated or jingoistic reports, as it were, to be sent to controlling centers from whence emphatic orders are sent out for an increased effort of the acting agents. The arterioles have their caliber lessened, blood pressure is increased, the red blood corpuscles are thrown into the reserve, while the leucocytes are given the right of way by dilatation of the capillaries and a consequent slowing of the current. The leucocytes courageously force into the enemies' lines, and each one captures or destroys his often more than one enemy, and in either case endeavors to keep the battlefield clear by returning to the rear with his prisoners or their carcasses. This latter effort is soon frustrated by nature herself. The leucocyte turns to the circulation to find the rush of soldiers so great and the confusion so marked that he is compelled to remain with his charges and with them probably to die on the field so courageously defended. His death with that of the enemy liberates more nerve force, a greater stimulus is sent to the commanding stations, more fighters are hurried to the scene of action, the jam is increased, the battlefield is glutted, both soldiers of life and emissaries of death perish together on the battlefield. These processes are continued indefinitely, the injured organism remains unrepaired for a longer or shorter period, and the battle of life may or may not be the trophy of the dead agents of death. In either case there is a call for more general action. Nature either cuts off the battlefield from the living organism, conquering death in that manner, or a general effort is made. The system as a whole is engaged and one of three issues obtains. Nature, through increased conservatism, or aided by external means, or through sheer exhaustion goes more cautiously about the campaign and by conservatism gains the day, or her overzeal creates a new aspect, giving

the part a chronic siege, with the result to be decided later; or the life of the organism succumbs in death.

These processes in varied proportions make up the history of every morbid condition that assails the living organism. And with these conditions we as physicians are brought face to face daily. And as disciples to the healing art how can we stand as allies, as compatriots to the agents of life, whose zeal we must admire and yet deplore?

No matter what the condition, whether a prick of a pin or the tearing asunder of a member of the organism, whether a slight coryza or the fearful onslaught of diphtheria, whether a mild vari-cella or the pestilence that slays its victims by the thousands, the field of duty is the same. In each particular we have with which to co-operate the three aspects of the nervous system. And here I may assert that an exhaustive study of causes and effects in therapeutics leads me to the conclusion that man's greatest effort in nature's behalf is, in a measure, man against nature. And the surest chances of success to nature come when we endeavor to correct or impede the zeal of nature, leaving the agencies of death mainly in her care. In this day we hear of pathological conservation, the blood-red fruit of pathological analysis. In the beginning of disease we may to a certain extent depend upon the good reactive effects of the pathogeny from nature, but as a general rule we will find pathological conservation a broken reed, and he who conservatively waits trusting in the good deportment and competence of nature to govern herself is grossly guilty of criminal laziness.

Now let us see how we may be of value to nature. As we have noted, the primary, secondary, and tertiary systems are suffering. In man the tertiary system being the essential characteristic system stands out pre-eminent in importance. So should its therapeutics. Indeed our first care should be the perception. You will remember I spoke of the tertiary as that process embodying perception on the mind. When the organism is assailed by the agents of death which are legion, as we have noted, the controlling centers, the mind, is the headquarters for the reports from the field of attack. As the capital and military centers of our country are perturbed day after day by reports from the field, so likewise is the mind of an organism affected in disease. If our capital and military centers are assured of the complete co-operation and aid of the people of the government behind them, extremely bold yet cautious

confidence is engendered, and those in control go about the ordering of the campaigns regardless of the petty irritations, criticisms and defeats that constantly assail a conflicting nation. So also should we endeavor to create in the tertiary system or mind a placid calm that will in a measure counteract the false stimuli of disease. When the mind is soothed and sustained by confidence in the ability of the organism to throw off its affliction and by a belief in an immediate and eternal connection with the Creator, the battle is well begun in its favor. If we concede in the force that mans and controls the organism, a divine element, we can readily see of what value an abiding confidence in Divinity would be in combating disease, and when we accept the threefold development of the organism with the inseparable vital connection of one with another we can readily see how efforts directed to the tertiary system will ultimately affect the secondary system.

We have other means of affecting the tertiary which I shall speak of immediately, but I wish to say here with this view of life we must grant to the faith-healers a greater field of usefulness; or, rather, we should endeavor to keep within the legitimate limits of medicine this sublime factor in therapeutics which for so long has gone begging in vain for recognition among those of its own household, and has been forced to go out among the highways and hedges for guests to its most holy function. When this first step is taken, if we see the controlling center of the organism is unable to cope with its own sensations, much less the disease, we, quite regardless of it, go into the field of action, and if there we find the trophic and motor sensations illy timed we should cut off communication and co-operation with nature, just as proud Columbia pityingly, tenderly, ignored little Cuba's efforts in the late Spanish-American war. If we find the irritation is exaggerated in the tertiary centers we should cut off from the latter all reports from the field. This may be accomplished by that company of giants we call sedatives and narcotics. He who will discover a narcotic at once sedative to the sensory nerve and benign to the vital centers will give to mankind the greatest and most useful agent possible in therapeutics.

However much we may desire to ferret out the many germs that are continually escaping our vigilance, that we may learn their specific destroyers, our greatest effort should be in defensive fortification and the latter effort can never be fully successful till we

learn to cut from the controlling centers the malignant irritation of disease. For instance, in the sub-involution of the uterus the sensory impulses to the nerve centers are responded to by an increased congestion of the morbid organs. This response at first local becomes general to the pelvic viscera, and chronic interstitial development results with an endless array of morbid conditions and symptoms. One way of overcoming the disease is to make its malignancy equal the sensory impulse by setting up an acute inflammatory condition of the organ. This in our present light is probably the best procedure when the condition is allowed to go on to the interstitial growth and yet I have seen the most gratifying results follow a continual narcotizing of the pelvic sensory nerves. And though as yet we must deplore any agent that will enslave the tertiary system, we become the benefactors of nature to a greater extent if we tone down her impressions to the truth of the magnitude of the irritation rather than by exalting and magnifying the morbid conditions till they equal her impressions of them. Study carefully the capabilities of the sedatives and narcotics. Their nobility is certainly genuine. The more acrid their toxin the more we should study them. In a later day when we shall have securely harnessed the coal-tar products, chloroform, ether, the nitrites, the bromines, the chlorines, the opiates, the belladonnas, aconite, veratrum, cocaine digitalis, and others akin, we shall have risen to the exaltation where we can truly say "God is Love."

Now, again, when we have done all that can be done to control the sensory impulse of disease, let us at once proceed to the trophic aspects of the disease. As we have said, there is an increase of nerve force which, beyond a narrow limit, is in itself when divested of the inductive element a deadly foe to the organism. We should endeavor to open up a channel for its dissemination, not only from the seat of disease but from the organism itself.

I have already hinted at the freaks of the force in scattering through the system. Du Bois, Raymond, Professor Hermann and others have noted currents in different tissues. The amount and nature of the currents vary with the mode of handling the tissues.

Now, knowing the currents do exist, when we consider the laws of the currents, we may with reason expect a constant dissemination of the fluid from the organism.

Nature stands ready to give us evidence of this dissemination in a variety of organisms it gives rise to.

Reptiles in constant contact with a body of less potential weight for weight than their own, with the integument of their bellies moistened and fairly good conductors, certainly will lose much if not all excess of currents in their organism. If such be the case, we should expect to find in them very poor capacity for the production of animal heat. So we do, and for this reason we term them cold-blooded animals. Likewise fish and water animals without fur are for a like reason cold-blooded.

On the other hand, the fowls of the air, with their non-conducting feathery coats, have little of their nerve force disseminated to the medium in which they move, and as a consequence their body temperature is high. Thus we may follow out an animal of any sort and by noting its relations to the medium in which it moves, tell approximately its degree of bodily heat.

The fact of the body electricity passing through the skin may be noted in another way. Moisten the finger tips and place them upon the dry, pungent skin of a fever patient. There follows a sensation of touch almost akin to pain, due no doubt to the discharge of current from the patient to the finger tips. Again, lay the moistened fingers on the lifeless skin of a corpse, and a sensation of cold, clammy adhesiveness is felt. This no doubt is due to the current passing from the finger tips to the dead cuticle of the corpse.

What may we learn from these experiments? Probably this: By making the integument of a sick organism a good conductor of electricity and placing it in electrical contact with a body of less potential, we may in a measure aid in dissipating the excess of wasted nerve force, thereby reducing the temperature and the false stimuli of the morbid condition. Herein probably exists the principal virtue of baths, of Father Kneipp's barefooted jaunts through dewy grass, of the various sand and mud baths which some have used to the great benefit of their organisms.

By actual experiment I have seen the time of sleep required shortened almost one-half by ridding the fatigued body of a portion of this almost imperceptible current. Indeed, I have seen the pain taken from fatigue, the agony from insomnia, and restful sleep induced in like experiments. I have seen a great reduction of temperature ensue in such experiments that could have been due to no other cause.

I have hinted at the probable relation of fever to the excess of nerve force. There are those who look upon fever as a conservative

factor, and who in consequence deplore those agents administered for the reduction of temperature.

I believe facts in the case warrant the use of antipyretics. Their action seems directed against the fierce activity of vital forces, prohibiting the excess of nerve force or allowing a more deliberate dissemination of it throughout the organism. After these steps, if we have a specific for the disease, let us use it cautiously and persistently, and when at last the report from the higher centers indicates an exhaustion we need not fear to assist the failing power by the alterants and tonics so gratefully received by a depleted system.

Up to the present, efforts at electrical therapeutics have been but partially successful if at all. I say, "if at all," for I am quite skeptical as to the beneficial effects of electrical currents in any but a mechanical or neutralizing capacity. True, we see remarkable conditions follow long continued use of the various currents, and we see those same conditions developed in the natural course of nature's changes. Those who have used electro-therapeusis to any great extent in experiment know how quickly an acute inflammatory condition is exaggerated by currents of moderate strength. Is it not possible we are putting more burden on the already broken down tissues? Let us consider well causes and results before we place a too great dependence on the electrical current thrown in the body. I have been tedious in putting before you some conclusions which are the result of added experiences. However, if you accept them as premises and use them in your work, the results will prove the premises well taken and by your successes I shall be sustained. Now, in conclusion, let us note the essential points I have endeavored to emphasize:

1. There is incorporated in us a supernatural element which, through our individuality, is under our volition.
2. This vital element is incorporated passively in the anatomical elements of the tissues and actively in the nerve force of the organism.
3. The disintegration of inanimate material liberates simple or inorganic electricity.
4. The disintegration of animate material liberates organic electricity or nerve force.
5. Nerve force is simple electricity plus innumerable lines of induction.

6. Induction is the manifest supernatural element or life of the organism.

7. The passage of nerve force from neuron to neuron and from tissue to tissue is in part responsible for animal heat and fever.

8. The relative amount of nerve force in the organism is responsible for the temperament of that organism.

9. The relative amount of nerve force in an organism is in direct proportion to the waste of the organism.

10. Therapeutics consist in the main, in controlling the amount, maneuvers and dissipation of nerve force.

11. Nerve prostration rather than nerve exhaustion is the condition resulting from disease.

12. Electro-therapeutics must undergo some modification before we can place much reliance on it as a benefactor.

The nobility of the profession of medicine over and above the general status of labor demands that we, its accepted servants, must allow the compass of our intellects to sweep from East to West, from North to South, as far as mind can travel. It demands that we go even before the beginning and beyond the end of material to search out the hidden springs of existence. It demands that we meet immortality in her own domain and carry from her sumptuous possessions to the afflicted, the panacea that causes the false mask mortality to fade even to nothingness, disclosing the impoluted richness and eternal loveliness of the perfect creature basking in the smile and favor of his ever present Creator.

The President: If there are no remarks, will you proceed with your bureau, Dr. Van Scoyoc?

Dr. Van Scoyoc: I have for a number of years been trying to test the orificial philosophy, trying to prove that it was true or not true, and have come to the conclusion that I can find no fault with it, so I concluded that perhaps some of my experience—which is largest in my college clinics—would be of interest to those present.

SOME EXPERIENCE IN COLLEGE WORK.

L. G. VAN SCOYOC, M.D.
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The orificial philosophy implies that all chronic diseases are due to nerve waste, and that the nerve waste is centered originally in irritation of the lower orifices of the body. That there may be

exceptions to this rule we will not try to deny. But that it is generally true we are fully convinced. The proof of the proposition is the fact that shocking the nerves in these localities does flush the capillaries all over the body, does equalize the circulation when there exists congestion or anemia, does affect the respiration and heart's action to a degree that exceeds any effect from any and all other parts of the body. That it does not affect nutrition and circulation has frequently been positively proven. That it fails to do so in some marked instances need not be denied. Extremities are warmed by dilatation and boils and carbuncles are aborted by the same process. Many times have we calmed an excited heart and abnormal respiration, sobered the inebriate, quieted the hysterical and stopped spasms and convulsions by shocking these terminal nerves. And no one has demonstrated that any influence we may bring upon any class of nerves in any other part of the body will produce similar results or anything approaching such results.

Owing to previous education it is very hard to convince us of the truth of these phenomena, but they have been proven in so many instances and in so many ways that it is incumbent upon us to accept them at this stage of the investigation. We therefore conclude that in all pathological conditions, surgical or medical, that linger persistently in spite of all efforts at removal from the delicate derangement of the brain substance that induces insanity and other forms of neurasthenia to the great variety of morbid changes found in the coarser structures of the body, there will be found some irritation at the orifice of the rectum or sexual system or both.

The orificial philosophy, in the language of the school boy, is "all right." Let me give some further evidences from my experience and therefore reasons for thinking so. For seven years I have been teaching and demonstrating the philosophy and its surgery, and in my clinical work have usually taken first the history of the case, and when that shows a long and disappointing experience, with medicine and other forms of treatment, I claim the victim for our clinic. While, during the first few years I cautiously and timidly repeated the philosophy and said now we will examine and see what we can find, and if that is true in this case—never yet being disappointed—I now say, when such is the history, we will now proceed to determine the exact nature of the orificial irritation and settle upon the best and most conservative plans for its removal.

Let me recite a few cases that further elucidate the bearings or influences these orifices have with the other and remote parts of the body. A gentleman aged about fifty said he had pain in his face on the left side for thirty-five years, almost constantly, otherwise his health was very good. He had the teeth on that side all extracted with no benefit. Drugs of all kinds were prescribed by doctors eminent in the profession, by grannies, quacks, and everyone else willing to take a hand, all with the same result. "This man has orificial irritation, proceed to examine him." We did so and externally all seemed correct, but on endeavoring to insert the speculum into the rectum a tremendous howl was set up, but persisting it was inserted and the perspiration flowed freely over the man. With many unsavory exclamations and much twisting and squirming the process of dilatation was carried to about a quarter of an inch when he was released and requested to appear the next Monday for further treatment, which, with a vigorous oath, he declared he never would do. But he did, however, with the statement that he had not been so free from pain for a like period for thirty-five years. The dilatation was repeated on several occasions and the pain ceased entirely.

A lady about fifty-five years old reported to the clinic for relief from insomnia that had existed for months to a very serious degree until she was sleeping only an hour or two each night and that only in "cat naps." She complained of pain in the back and hips, was very nervous in a general way—said she could account for it in no way except domestic troubles that broke her heart and almost drove her crazy. After a trial with homeopathic remedies there was some effect in relieving the backache and the nervousness, but the insomnia was very slightly improved. I determined to treat her orificially, with the most gratifying results,—the poor woman was soon able to sleep all night, her nerves were quiet, her strength improved, and she was able to stand up under her domestic infelicity in a remarkable manner. I might add that mere dilatation of the rectum was all that was done in this case, and was continued until she could bear quite a free dilatation.

Still another case: A man about thirty-six years of age reports having been suffering from diarrhea for eighteen years, during which time he has tried the skill of many noted doctors with no permanent relief and the temporary cessation was only partial and very brief. In this case there was a family history of this kind of

trouble but no history of tuberculosis. His occupation as gripman made it quite trying for him at times, and yet he would not consent to lay off for surgical treatment. We, therefore, prescribed medicines and tried our best to get the similimum. Gave remedies high and low and did all we could in the way of diet and sanitary influences, etc., etc., with no results to brag of. Finally we decided we would try no further unless we were permitted to use orificial methods, to which he assented. In due time he was anesthetized and a few pockets, papillæ and small hemorrhoids removed with thorough dilatation of the sphincter. The result was, no more diarrhea, except for two days, which occurred a few weeks later from cold and was relieved by a few doses of mercurius.

One more case: A boy of 7 years of age of rather puny build, yet had rather fair health until about 5 years of age, was attacked with la grippe from which he never fully recovered, having incontinence of urine at night, and rheumatism in his joints, especially in the left knee joint. The knee was swollen and excessively tender. The leg was flexed to about right angles. The child suffered for weeks and months and was bedridden. Under careful prescribing he seemed some better but the improvement came very slowly. On further investigation it was noticed that the prepuce was long and not retractile. The doctor suggested circumcision, which was objected to by the father and mother in a most vigorous manner. Finally they consented. When under an anesthetic the circumcision was done and in three days he was running around the house without pain and has continued to improve in every way up to this writing.

These are simply examples of the work as they occur in our college clinic and it leads me to conclude that the philosophy is all right as it not only furnished us with a good excuse for making a very thorough examination of our chronic cases but suggests measures to be used that do cure in a large percentage of cases, or at least start the cure of many previously considered incurable cases.

In my judgment and experience we have many reasons to be thankful for the application of the orificial principles.

The President: The paper of Doctor Van Scoyoc is now before you for discussion.

Dr. George: Mr. Chairman, I am very glad to hear of these

cases and of the successful treatment, and I should like to hear of some of his failures and the reason he failed. I think we learn more, perhaps, from failures, and I feel that we ought to have some of them brought out. Perhaps the doctor had no failures.

The President: Anyone else anything to say on this subject?

Dr. Libbie Hamilton Muncie: Mr. Chairman, I think it is a good plan to hear something of simple dilatation. We all began that way and we had good results; that is the reason we went on further. Those that have been here have come because at the first, when they began with simple dilatation of the rectum, that was all they did; then after that they took out the pockets and papillæ with cocaine, and from that they gained confidence, and a little later they found those cases improved, but they didn't do enough, and they said, "We must do more thorough work." With the dilatation they found out what the pathology was, and then they found that more must be done. Now, for my part, I am glad to be awakened on the subject of simple dilatation; it shows that we can go easily at first, get good results, gain the confidence, and go step by step till we establish a cure.

Dr. Van Scoyoc: That was the thought which entered into my mind when I wrote the paper. We are looking too much to laparotomies and hysterectomies and so forth. I have had the name of being too liberal in my work, and to recall the fine results of simple dilatation, and to remind those who are thinking along surgical lines, was what I had in mind.

The President: Anything further on this subject? If not, we will proceed to the next paper.

FISTULA IN ANO AND ITS RELATION TO THE NERVOUS SYSTEM.

T. E. COSTAIN, M.D.

CHICAGO.

The relation of fistula in ano to the nervous system is but a part of the great truth of all orificial irritation.

The pudic nerve, which is a branch of the cerebro-spinal system, is responsible in itself for many nervous reflections; but when we consider its action in the sacral region with the sympathetic system, we have a wire to the central office of both systems, over which the messages from a broad surface of decomposing tissue are constant,

the superiority of the train of reflexes depending somewhat upon the power of each nervous system to resist them. In some cases we find the patient in apparently good health, but with the sympathetic system very much weakened and, in consequence, its normal functions very much impaired. In other cases we find not only disturbed functions but a weakened and emaciated body, and a train of nervous phenomena which at first glance is appalling.

It is not my intention to trace out the nervous responsibility for this variety of nervous systems except as it arises from the relation of terminal nerves at the rectum. Irritation at this point affects not only the adjacent organs but the liver, stomach, heart, intestines, and the equilibrium of the nerve forces. The heart is affected directly by the lateral chain of sympathy direct to the cerebral ganglia, and by the intermingling of the fibers from the solar plexus and pneumogastric nerve. The hypogastric plexus conveys impressions to the stomach and intestines through the gastric plexus and its branches to Auerbach's and Meissner's plexuses, the whole being a branch of the great solar plexus. This same action occurs in the other organs mentioned, and causes a variety of nerve symptoms which would reach almost all the nervous phenomena known to be due to the constant irritation of any of the lower openings.

In this short paper it is my hope more to call your attention to a few points in the diagnosis and treatment of fistula in ano than to elaborate upon its nervous force, which of itself is apparent and thoroughly understood by each one of you.

Fistula in ano is divided into several varieties: Complete, with an external and internal opening; blind, with an external opening; blind, with an internal opening; horseshoe, etc. But for the purpose of this paper I intend to make just two divisions—fistula due to pyogenic cocci and fistula of the tubercular type. Patients suffering from this extremely painful lesion are often prone to allow it to run for some time before consulting a doctor, or, if they do consult one for an abscess the abscess may be excised and partially healed up, but the internal opening is not often referred to, and it is some time after this that the case falls into the hands of a surgeon. The first thing to be done with a case of this kind is to get a diagnosis of whether the trouble is due to tubercular bacilli or pyogenic cocci, such as staphylococcus or streptococcus, or bacillus fœtidus, or to either of them singly and combined with tubercular

bacilli. This can be accomplished by making a culture of the pus immediately after or at the time you make the examination. This culture should then be subjected to the proper tests and a slide made from the microscopical examination. After you have become convinced that tubercular bacilli are or are not present you know whether the case is going to be an extremely difficult and tedious one or one in which you have hope for an early closing up of the entire trouble. In my experience the treatment of the two is radically different.

In the case of fistula of the pyogenic origin alone I would recommend before operating that all proper care should be taken to cleanse the wound as much as possible. Irrigate with an antiseptic solution for a day or two, if necessary putting on the antiseptic wet dressing continuously for twenty-four or forty-eight hours, and do all possible to make the wound as near aseptic as is possible under the circumstances. By observing thoroughly aseptic and antiseptic technique during the operation we can hope for a wound which will heal readily after the following method:

If the fistula is a single, complete one, with the inner opening between the sphincters, lay open the tract up to the margin of the sphincter muscle. Now feel for the hard cord running into the wall of the bowel and dissect from the upper point toward the bowel; grasp these loose ends in a pair of plug or T-forceps and dissect the cord out clean. The mucous membrane of the bowel can be brought together by some stitches closing the internal opening, deep sutures can then be passed if necessary through the mucous membrane, but preferably from the outside, approximating the wound. These stitches can then be continued down through the wound after dissecting out the bottom of the open wound most thoroughly and the parts stitched together completely. In case healing fails to take place by first intention the wound can be treated very readily, or such part of it as does not heal by subsequent cleaning up of the wound, or by stitching it if the wound is already clean.

In the case, however, of a tubercular fistula there is no use bringing it together at all, because it will not heal. This should be treated as an open wound, and should be packed with iodoform or nosophen gauze and this dressing changed and the wound cleaned night and morning and after each bowel movement, the first bowel movement taking place about the fourth day. After a time this dressing will become inefficacious and it will tax your patience and

knowledge of drugs of every variety to get the wound active at all. Canterization either by carbolic acid, nitrate of silver, or the various other agents known to be good; or by electricity, using the positive pole, will aid you for a time; jute saturated with balsam of Peru, packed into the wound, will stimulate granulations and is of itself a thorough antiseptic; in fact I have seen it alone clean up wounds when nothing else seemed to be of any service. If the wound should become clean and granulations fresh an effort should be made to bring the edges together by putting either a button or quill suture in, the suture of any material tied will cut through the tissues in spite of the most persistent care, as the tissues around a tubercular fistula become softened and lose their integrity to a great extent. You may be able to gain quite a little by this suture, sometimes may get it healed up entirely. But in any event it is a long and tedious process. But success is yours if you will continue your efforts, as I have never known them not to be healed in the end, with possibly a single exception, and this exception left before the wound was entirely healed because it took so long to heal.

It is sometimes difficult to find the internal opening either with the finger or with a probe. In such cases as these do not take it for granted that it is a blind fistula, but dry the finger, pass it inside the rectum, throw iodine through the opening, and as it oozes through you will find the finger stained, showing an internal opening exists. If, however, you get no stain on the finger, you may be pretty certain that the mucous membrane of the bowel is intact. Many other staining fluids can be utilized for this purpose.

In a case where there is a multiple fistula the treatment is the same except that each tract must be followed very carefully to its terminus. Occasionally you will find at what appears to be the terminal end an opening leading off into the tissues in some other direction. By a soft probe you can outline these offshoots and treat them accordingly.

Every variety of fistula should be thoroughly eradicated by removing all the hardened tissue wherever found, as it is impossible to heal the wound as long as a vestige of it remains.

Many modes of treatment have been and are recommended, the elastic ligature being highly recommended in the text-books. But I have seen at least one very disastrous result following its use. The sphincter muscle was separated widely and the tissues surrounding the anus so softened that they retained very little of their for-

mer integrity and taxed all the resources of the surgeon to bring the parts into anything like a normal condition. For this reason I would place it in the same class as the ligation of hemorrhoids—out of date.

When handling a fistula, all the points of irritation, whether pockets, papillæ, hemorrhoids, fissures, ulcers, etc., which the surgeon may observe at the lower part of the bowel should be eradicated before the work is complete, as they tend to handicap the healing of the wound by abnormal contraction of the sphincter muscles.

The President: The very practical paper of Dr. Costain is before you. The doctor has surely brought out some very good points in the treatment of fistula. I doubt if there are very many of us who have learned to take the precautions and care in diagnosis that the doctor's paper has unfolded to us. This to me seems to be the key to the prognosis in cases of fistula. I have had varying experiences in the treatment of this class of disorders, and I am free to confess that never until now did I know why some of the wounds would heal readily, some of them indifferently, while others would fail completely in their union. I have always felt there was some reason for the difference in result under different lines of treatment, and I am very glad to know which class they belong to, what the method is, and which ones will heal by direct coaptation. I would be pleased to hear from any of you in the discussion of this subject.

Dr. Avery: I'd like to ask the doctor about a patient I have at home on whom I expect to operate for fistula. I consider the cause of the condition syphilis. I thought for syphilitic treatment I would administer the usual remedies and operate for the fistula and it would heal readily.

Dr. Costain: You can make a prognosis in that case by using anti-syphilitic treatment; if it helps the case, you'll probably get good results. It will heal all right.

The President: Any one else anything to say on this subject? If not, we will proceed with the consideration of the next bureau, Dr. George, of Indianapolis, chairman.

Dr. George: Dr. Fahnestock is the first on the program. Is he here?

The President: I have a letter from Dr. Fahnestock and also

his paper. The doctor is unavoidably detained at home. The title of his paper is

THE COCCYX.

J. C. FAHNESTOCK, M.D.

PIQUA, O.

About the opening of the present century the medical profession of this country found itself devoting a portion of its energies to the special development of particular divisions of the entire field of medicine that seemed to command its special attention. Surgery, obstetrics and gynecology were the first to attract special attention. But for many years the diseases peculiar to the lower outlets of the body were sadly neglected and if I can judge rightly, the same sad state still exists in a great measure.

It has been very unfortunate, due possibly in a great measure to carelessness or a mistaken delicacy on the part of the patient in seeking proper advice, thus allowing the system to become severely deranged and with it an almost unbearable local state of suffering.

Almost all empirical remedies both internal and external may have been used with but little benefit.

Then with courage almost gone the sufferer seeks advice, and at the same time diagnosing his own case as "piles," wishes special treatment for that trouble. After this long suffering the medical adviser of former times, in a great many instances, would "take the case" and continue the local salving and medicating the patient according to the patient's request, without making an examination.

Without a thorough examination how could any case be properly diagnosed, as disease of the rectum may have been mistaken for uterine, ovarian, prostatic, cystic, or of the coccyx.

In looking over this special field we at once recognize that rectal diseases are among the most common that afflict mankind. It is all important, then, that suffering patients should be thoroughly examined, both ocularly and digitally so that diseases affecting the outlets, or any of the adjacent structures of the body may be accurately diagnosed, so that proper treatment can be given, or the wrong course may be pursued, thus bringing the treatment into disrepute.

Before we can know much about our physiology we must be quite well acquainted with its anatomy.

Then in taking up the study of the coccyx it will be quite necessary to review its anatomy and its relation to the adjacent structures.

The coccyx is formed of four small bones, and occasionally an additional one.

These segments of bones differing from any other portion of the spine, being devoid of laminæ, pedicles, and spinous processes, also devoid of intervertebral foramina, and a spinal canal.

These bones gradually diminish in size from above downward, thus forming a wedge-shaped bone when they are all united, as they usually are in advanced life.

The anterior surface is generally slightly curved forward upon itself, but by close observation it will be noticed that there exists quite a marked difference in different individuals.

The anterior surface has attached to it the sacro-coccygeal ligament, and the levator ani muscle, and at the same time making a support for the rectum.

On either side can be noticed the rudimentary articular processes, the superior one being quite large, forming the cornua of the coccyx, projections extend upward and join with the cornua of the sacrum; by their junction is formed the posterior sacral foramen which serves for the transmission of the posterior division of the fifth sacral nerve.

Just opposite the posterior sacral foramen we find the anterior sacral foramen for the transmission of the anterior division of the fifth sacral nerve.

To the lateral borders of the coccyx we find attached on either side the sacro-sciatic ligaments. In front of the ligaments we find the coccygeus and the gluteus maximus behind them.

To the apex of the coccyx we find attached the tendon of the external sphincter muscle and the levator ani.

The external sphincter ani muscle, which arises from the tip of the coccyx by a narrow band of tendon, goes forward to the central portion of the perineum joining the transverse perinei, the levator ani and the accelerator urinæ. This muscle is supplied with the anterior division of the fourth sacral and the inferior hemorrhoidal branch of the internal pudic.

The levator ani muscle has furnished much study, and a great

deal of controversy both as to its origin, insertion and its function.

The levator ani with the ischio-coccygeus muscles form a true diaphragm to the pelvis, making a continuous muscular and tendinous plane from the lower border of the pyriformis behind to the arch of the pubes in front. The ischio-coccygeus is situated in front of the sacro-sciatic ligaments, beginning by tendinous fibers from side and tip of ischium and smaller sacro-sciatic ligaments, thus forming the posterior part of the pelvic fascia, it is inserted into border of coccyx and lower border of sacrum. These muscles serve to draw the coccyx to its own side, or when both muscles act together fixes the coccyx.

The levator ani proper arises in a greater part from inner surface of the symphysis and passes backward, and is inserted on sides of the coccyx.

The actions of these muscles vary in their function; first, they serve to support the pelvic organs and antagonize the diaphragm and abdominal muscles. Again, it has a controlling power over the rectum and the neck of the bladder. These muscles are supplied with filaments from the fourth sacral nerves and from the internal pudic.

In summing up this short anatomical review we find the coccyx, rectum and pelvic contents in general well supplied with nerves derived from the cerebro-spinal nervous system; also from the organic nervous system.

The organic nerves are derived from the hypogastric, which is made up of branches from the aortic plexus. It also receives branches from the lumbar and sacral plexuses.

In this short review of the anatomical relations existing between the coccyx and its surrounding structures it can be readily seen that it is quite important to thoroughly understand all the troubles that may exist in the coccyx; also the reflex troubles arising from them.

I believe it is entirely due to the late development of the coccyx that we are so little troubled with disease and accidents of the coccyx.

The beginning of ossification of the coccyx is in the first segment at birth, in the second segment from 5 to 10 years, in the third segment about 13 years, and in the last segment from 13 to 20 years. We can readily see how the all-wise Creator provided for the boys and girls that slide down the banisters, who go bumping down the stairway, step at a time bumpy-bump. Also remembered the sur-

geon when its removal was required, it being devoid, as before stated, of a canal.

In a great many ways the coccyx is subjected to great abuse in childhood, but fortunately escapes permanent injury.

But I think that if this terminal end of the spine was more thoroughly looked after we would find it oftener diseased than is generally supposed.

The adjacent structures or organs that have a nervous or muscular relation to the coccyx may be wrongly diagnosed as being the real seat of disease, but in reality the true seat is in the coccyx.

No doubt quite a number of you can call to mind patients who are suffering from what is generally called nervous prostration, completely unfitting them for active work. They are always complaining of that tired feeling, pain along the spine, unable to go out riding; pain upon sitting on a hard seat, constipated bowels, sluggish action of the various internal organs and the nervous system on a continuous strain. When attempting to walk the strength soon gives out, with pain low down in back and in rectal region.

On questioning these cases we may learn that at some time they had a severe fall, a kick, thrown from a horse, or sat on a floor when attempting to sit on a chair after some one, as a joke, removed it. Or, possibly, the result of child-birth, where the spine has become deformed by that unhygienic method of sitting on the lower end of the "back bone" while its development was in progress.

I will relate a case, that of a lady, æt. 38 years, who was an invalid for a number of years and was suffering, as was diagnosed by different physicians, from nervous prostration. She was unable to walk any distance, and always complained of pain "low down in the back." Bowels obstinately constipated, and when the bowels did move it caused great pain, as was believed, in the rectum. I think the great pain prevented the attempt to evacuate the bowels, thus causing the constipation. I removed the pockets and papillæ and thoroughly dilated the rectum, and at the same time unhooded the clitoris, in so doing removing, as I thought, all points of irritation. After this operation time wore on just the same old way, with the same old pains, and in defiance of all my best efforts.

After a thorough trial of all remedies I failed to relieve; I then recommended the removal of the coccyx, to which she readily consented, and at the same time related the case of her friend who had

been cured by the removal of the coccyx. The coccyx was then removed, and to the delight of all parties concerned she made a rapid recovery, can walk as far as she likes, do any kind of work, and above all, does not suffer in any manner. After her recovery her mother remembered of her having been thrown violently on the end of her spine by a hog which she was attempting to drive out of the yard. There is no doubt in my mind that was the cause of all her long suffering.

I have in mind now two more patients that have been suffering for years from the effects of a fall on the end of the spine. I do not think that any remedy will relieve their suffering except the removal of the coccyx.

THE REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

We, the undersigned committee, duly appointed to report on the President's admirable address, respectfully submit the following:

1. That the recommendation therein contained pertaining to the business methods in forming and organizing the bureaus be approved.

2. That we commend the reduction of the membership fee to \$2.00, and that one member of the Board of Censors be instructed to solicit new members during the meeting of the society.

J. W. MEANS,
J. D. GEORGE,
N. A. PENNOYER.

Report accepted.

Dr. George: We have a paper not on the program, prepared by Dr. Young, of Canton, Ohio.

Dr. Young: Some gentleman requested to hear about failures. I am not going to report a failure in the success of treatment, but I will report to you one of the nuisances I have met. I suppose we all have trials and tribulations and occasionally meet annoying things. This has been considerable annoyance to me, but I am glad to say to you that I think we shall have success.

A CURE FOLLOWED BY LITIGATION.

F. E. YOUNG, M.D.

CANTON, OHIO.

I wish to present a case that is of vital importance to each of us.

The orificial philosophy is now on trial in a court of justice and the issue is made up, the whole question being, "Is it a proper and rational treatment for rheumatism?"

Primarily it is my case, secondarily it is your case as well as that of others who are yet to adopt the treatment. I wish to give you my experience and receive yours; in council there is strength. It behooves us to stand together and help one another.

I was called to see a man who had a violent attack of rheumatism, affecting the diaphragm principally, so that every breath caused extreme suffering, consequently the breathing was repressed as much as possible, the blood was loaded with poisons, the lips were blue, tongue heavily coated, skin and sclerotic yellow, the breath foul, bowels constipated, urine scanty and high colored, and he was suffering the most intense agony. Made an orificial examination, found a great deal of irritation. Explained the orificial treatment and arranged to operate next day.

Before the appointed hour a messenger summoned me in haste, saying that the family feared he was dying, and in fact he was near death. He had a history of previous attacks of rheumatism, asthma, bronchitis, and dyspepsia. Had inherited rather weak constitution. I gave an anesthetic and cut the frenum, enlarged the meatus, passed sounds, and did the slit operation on the rectum. I attended the patient for four days, when all at once I was notified of my dismissal and was told that Doctor Johnson, of Cleveland, was to attend the case. At this time the patient was doing well, the severe pain of respiration was gone, he was perspiring and passing urine in proper amount. I had just removed the packing and the bowels had moved. He was having some pain at the rectum, as usual in such cases, when some of his officious friends sent for Doctor Johnson, who took the case, contrary to all ethics, endeavoring to do me all the harm possible. The patient refused to pay me, and finally I sued the account in justice court and got judgment for all I asked. He appealed it to common pleas court and set up the defense that the treatment was uncalled for, im-

proper, and not justified in the light of medical science; that it caused him suffering, loss of time and doctor bills, and that he should recover from me for these, and introduces Doctor Johnson's deposition, a summary of which is as follows:

Question. Did Mr. Simonds have rheumatism or asthma in 1895, and what were the causes of the same?

Answer. Yes. The rheumatism was dependent to a large degree upon inherited dyscrasia and aggravated by dietetic errors. Asthma was induced by severe attacks of bronchitis, acute and subacute.

Q. Assuming that he was suffering from asthma and rheumatism from the causes stated, was it good and correct treatment to perform a surgical operation consisting of opening the meatus, cutting the frenum, passing sounds, removing pockets, papillæ and pile tumors?

A. The operations as enumerated for the treatment of asthma and rheumatism are foreign to the relief of such maladies. The treatment was improper and only contributed to debilitate the patient.

Q. Could such an operation reasonably be expected to benefit a patient suffering from asthma or rheumatism?

A. The operations as enumerated have no bearing or relationship whatever with asthma and rheumatism. If lesions were present at the orifices they were only local, while rheumatism is a general systematic blood disease. Asthma or bronchitis is confined to the lungs.

Q. Was such operation justifiable in the light of medical knowledge and science?

A. No. Such an operation at the time was uncalled for and even dangerous to the patient, as it contributed to his already exhausted condition.

Q. Could such an operation offer any reasonable expectation of relief from asthma or rheumatism, temporary or otherwise?

A. No.

Q. Under what circumstances were you called?

A. I was summoned by telegram from Cleveland, where I then resided, found he had been operated on a few days before, was suffering terrible pain at the rectum, had high fever and much exhausted.

Q. What caused these conditions?

A. The pain was induced by the operation. The major portion of the fever by the same. His exhaustion was a natural sequence of the pain and fever.

Q. For what ailments did you treat him at that time? To what extent did the operation contribute to his condition?

A. To subdue pain and fever and nourish and strengthen him. To induce sleep and rest. Later treated him for rheumatism. Also dressed the parts that had been operated on, so there would be as little septic infection from pus as possible. Primarily the operation was the cause of the condition I found him in.

(Dr. Young: That is the kind of doctors that caused me suffering for years. I suffered from asthma for years and I know how orificial surgery relieved it.)

Q. What fee did you receive?

A. I made three calls and then treated him by correspondence, and he paid me \$75.

CROSS-EXAMINATION BY PLAINTIFF, DR. YOUNG.

Q. Is it not true that what is known as orificial treatment—that is, the removal of causes of irritation at the lower openings or orifices of the body and dilating them has an effect on the sympathetic nervous system and through it upon the circulation?

A. Yes. But such treatment is indicated only for the relief of conditions of those parts or contiguous to the orifices.

Q. Might not such an operation as described have a tendency to relieve asthma and rheumatism by equalizing the circulation and relieving local congestion?

A. No. Rheumatism is primarily a blood disease and not dependent on local causes. His asthma was due to bronchitis and not to alleged strictures. [Signed.] T. M. JOHNSON, M. D.,

67 Irving Place, New York City.

Dr. Johnson says local troubles at the orifices cannot cause asthma and rheumatism, and that their removal as a means of treating these diseases is not only uncalled for and improper, but is harmful and even dangerous to the patient; that it in this case was responsible for the pain at the rectum and the major part of the fever. But he does not mention the awful pains of the diaphragm that it relieved, he ignores the increased respiration and circulation, perspiration and evidences of depuration of the system

which saved his life and restored him to better health than he had ever had.

No, with all the prejudice of a disbeliever, he ignores all the good to be derived from the treatment; he performed the cure by correspondence.

And now, gentlemen, I need your help. You all know that rheumatism and asthma can be cured by orificial treatment, and you have cured such cases. Perhaps you have had some experience in litigation or may know of legal decisions in similar cases. If the treatment has been sustained in court let me know where to get the decisions. If by your aid I can succeed in this suit it will be a direct benefit to each one of you and a great victory for our cause.

Skepticism and prejudice stand in our way and the world with its strange perverseness looks on and laughs. But let us remember our glorious mission, that might does not make right and that truth will prevail in the end. With a steadfastness of purpose let us advance steadily forward until the scales fall from the eyes of those who in ignorance oppose us and the bright light of the grand truth of the orificial philosophy shall permeate through all the dark clouds of opposition and be an accepted truth and a recognized practice by the entire medical profession.

The President: The paper of Doctor Young is before you for discussion.

Dr. Johns: One point that I didn't quite understand in that paper, was there a plug left in the bowel two or three days after the operation?

Dr. Young: No, sir; it was wool packing in the sigmoid.

Dr. Means: I would like to ask the doctor if the patient got well?

Dr. Young: The patient got well, and remarked to many others that he never felt so well in his life and attributed his thorough recovery to the treatment and told me that I could refer others to him. I let it run along for two years before I presented my bill for settlement, and then he referred to those officious friends that sent for Dr. Johnson, said that he knew nothing about my being dismissed, had nothing to do with employing Dr. Johnson—was apparently a good friend of mine after Dr. Johnson was sum-

moned. But when I sent a collector he objected to paying, and finally I sued the account.

Dr. Curryer: It has been my observation and experience that when you touch a patient's pocket you touch him very profoundly; it has been my observation and experience that when you let a bill go too long something goes wrong. I had an experience four years ago, where a man said I killed his boy, and another doctor had to come in and revive him. I suppose this doctor wants these remarks principally for suggestion as to his procedure. The best evidence in court will be to produce the man, if he is alive, and to claim that your orificial work did the curing. If his history had been at least frequent attacks of asthma and rheumatism, and if it has gone a sufficient length of time since your operation, exceeding the time that he had been having them, would be evidence that your treatment or the other doctor's did the curing.

Dr. Young: The other doctor claimed it.

Dr. Curryer: He had the ordinary treatment, and yours was the extraordinary. I would claim it did the work. I would claim it all myself and prove it by some of these orificial surgeons.

Dr. Beebe: This is not a case of malpractice and it is a case of malpractice, and courts do not always render justice. The doctor's case reminds me of a suit in court where a man said to the doctor who brought the suit, "Doctor, aren't you a little afraid, with the standing you have in the community, that you will not get justice? He said, "It is not justice a man wants sometimes." That is probably the case with the doctor's patient; it is not justice he wants—he wants to reduce the bill.

Dr. Cora Smith-Eaton: Would it be in order to make a resolution expressing the opinion of this society commending the theory of the treatment used on this patient as beneficial in the case of asthma and rheumatism?—would that be of any value at all in his trouble?

The President: I would like to have the doctor say.

Dr. Young: I could not use that in evidence, but it would be splendid otherwise to refer to. If in addition this society would grant me the high privilege of having this paper published in one of the early numbers (the trial will come up at the November term), and I can show this in the JOURNAL, it would be of great help.

Dr. Eaton: Then I move that a committee be appointed to

formulate such a resolution to be presented to the society for its adoption.

Carried.

The President: I will name as members of that committee Dr. Cora Smith-Eaton and Dr. Curryer. I think two members will be sufficient, and will ask them to submit their resolution as early as possible during the following session.

Dr. Beebe: I think that is a very good motion, because doubtless almost every member present has had some case of rheumatism benefited by orificial work. I have. I don't pretend to say it cures all cases of rheumatism, but it is a treatment that we have all had results from, and the very best results.

Dr. Rodebaugh: I'd like to ask if it cures acute rheumatism?

Dr. Beebe: Chronic.

Dr. Curryer: I would like to ask if he confined the treatment wholly to orificial work, or used other measures?

Dr. Young: Confined to orificial work. This was an acute attack of chronic rheumatism. This attack was in the diaphragm, greatest pain in respiration, consequent shallow breathing and all its effects.

Dr. Muncie: I would like to ask him if he would have use for personal letters from our patients—those whom we have cured?

Dr. Young: That would be good, but the only thing I could introduce as testimony would be depositions from individual members—Pratt, Sawyer and others. I want their depositions to answer Johnson's deposition—that is the key-note. Is it proper to do orificial work as a cure for rheumatism? They tried to drag in asthma, but he didn't have asthma when I began treating him. I know asthma, from my own sad experience, makes difficulty in breathing, but it was the pain that kept him from breathing. One other feature about this I would like to mention, and that is that this case will, when printed, be useful to you if you are ever so unfortunate as to have a litigation; but you can make more frequent use of it in explaining the orificial treatment to disbelievers when you are trying to convince your patient this treatment is a good thing; that it will cure many diseases that cannot be cured otherwise, when you can cite the fact that it has been sustained by court judgment, and especially indorsed by the action of this society.

Dr. Rodebaugh: The enemies of the orificial philosophy claim the cures effected are made by the elimination of uric acid, which is

recognized as one of the causes of rheumatism, and it seems to me the doctor will have good opportunity to make use of that fact; it may also show the cause of acid in the blood. We know flushing the capillaries frees the blood and gives relief in these cases; as I understand, this case is one of rheumatic gout and rheumatism, and the means under the circumstances were perfectly justifiable.

Dr. Bruce: I understand that Dr. Johnson denies that the work on the rectum had any influence on the other organs. I would ask him to account for the fact that dilatation is one of our strongest safeguards in threatened death from chloroform.

The President: Anything further? If not we will proceed to the consideration of Dr. George's paper. As the hour of adjournment is approaching it will perhaps be well to go on with this subject matter. Dr. George's paper is

BEFORE AND AFTER TREATMENT.

J. D. GEORGE, M D.

INDIANAPOLIS, IND.

In writing this short paper my object shall be to awaken discussion and thus bring out an interchange of thoughts and ideas along the line of orificial work.

This to me is a subject of interest and because it is so far reaching in its results, its importance is second to no other branch of medical science.

So often do we hear the reply to the question, "Have you any rectal trouble?" "I had at one time some irritation there, but used Dr. Slick's salve and have been well in those parts since;" or, "I used an Egyptian pyramid and thought I was cured. I still have some itching and my bowels come down, etc."

More than likely the very thing for which he consults you originated by some such nerve waste.

I don't know how better to explain what I mean by my title of "Before and After," than to detail a case; and in order to arrive at the real subject, after treatment, I shall begin before after.

Now some of you may say such remarks are out of place but they are so closely connected in their results that I hope no one will think I am encroaching on some other bureau when I begin before, instead of after.

The case of which I wish to speak: A man about fifty years of age had complained of attacks of asthma for years. Had grown despondent, lost flesh to some degree; looked pale and weak.

After some relief from drugs, but nothing marked nor permanent, I was led to examine his rectum. This I found was one mass of piles, and at each stool the bowel came down and had to be replaced.

I also found the foreskin so contracted that it could not be retracted but one-third. The glans was in a constant state of irritation.

Now, this man had grown children, and these sources of nerve waste and irritation had continued for years. In fact, I think the prepuce had been so from childhood.

Now, the "before" part is that some one should have attended to him long before I saw him and before his nervous system was drained and under constant irritation.

I should have made plain to him before the operation that he might not rally and fully recover his wonted physical energy before a year or more.

I was too sanguine and confident that after proper surgical work he would soon take on new life. Some cases do; others require longer to complete the tissue changes. I was sure that without this work he would gradually go down.

I first operated on the foreskin, which for a time greatly relieved his asthma. In fact, I thought he was cured. He was better and gained, but the attacks of asthma returned and he was despondent and doubting.

I now gained his consent to operate further and did the clamp operation on rectum, making a beautiful looking (surgically speaking) rectum. Now he expected to be a Sampson at once.

I found albumen in the urine and it continued for several months. If I had examined for and found albumen before operation, no doubt, I should have refused to operate.

He gained and seemed free from asthma for months, then he would have an attack now and then, and did not gain as he expected to. He was stubborn and refused to have more "tinkering."

His rectum looked well, but I told him it needed dilating and massage for the contracted sphincters, but he seemed determined that he was all right in those parts. Yet he would at my solicitation manipulate the rectum and line of stitches and seemed to grow

better, gained in flesh and appetite and seemed almost free from asthma.

ncident to this after-treatment his wife heard that coal oil would cure asthma, which she gave him in teaspoonful doses and reported a cure by coal oil.

You will notice some of the "before" points.

Promise nothing surely, nor rapidly; secure promise of after treatment.

Remember that it takes time and care to finish a case satisfactorily.

I shall now only hint at the after care of these cases.

Some points of interest will be touched upon and I hope more will be brought out in discussion.

The operation should be thorough to begin with.

After rectal operations employ gentle dilatation, sometimes under anesthetic, massage, colon douches to relieve rectum in some cases, until nature can do the work. Perhaps oil of some kind may help.

I think cathartics should be avoided. We find some of these cases have been chronic pill takers. Such cases require massage, electricity, the indicated remedy, proper diet, mental or suggestive treatment, hygienic care, regular habits, etc. There may be needed some ointment stimulating or otherwise for raw surfaces.

After operations on cervix the case is rarely ever complete before dilating of cervix has been done and it is well to follow this by a few boro-glyceride packs.

After circumcision the skin should be watched and not allowed to contract nor adhere; calendula ointment may be used.

We should teach our patients that time and care are both necessary, and abuse may bring a return of the trouble.

The operation alone is not the only thing necessary for a cure. Both physical and mental preparation are necessary before and after.

The failures that may occur in some cases cannot always be charged to the operator, but are often due to neglect on the part of the patient.

The President: Ladies and gentlemen, this very practical paper of Doctor George is before you for discussion.

Dr. L. H. Muncie: Mr. President, this is certainly a very interesting paper. One thing I want to ask, however; I understood

the Doctor to say that if he had examined the urine and found albumen he would not have operated. Did I understand the Doctor rightly, and if so, why would he not have operated?

Dr. George: This was done probably three years ago, before I had heard much about the slit operation; it was a clamp operation, and in my reading I found, and my experience had been, that it was better not to operate if it was an advanced case of kidney disease. I say at that time I probably would not; now I would if I thought it necessary. The albumen remained six months and gradually cleared away and I think he fully recovered. He looks quite like a new man, after years of suffering.

Dr. Muncie: My experience on that question is this: If there were albumen in the urine and the kidneys were not actually broken down, there would be all the more reason for operating, because most of these cases will clear up; most of us have that experience. Perhaps it is wise to have preliminary treatment, but most of them under all circumstances get well through orificial work.

A Doctor: Do you follow them up?

Dr. George: Yes.

Dr. L. H. Muncie: If you do not have albumen for a year or two and have had constant albumen before, of course it is a little better than it was before.

Dr. Curryer: I suppose the Doctor was afraid of the anesthetic.

Dr. George: That was one reason.

Dr. Young: Doctor George touches on another important point, and that is to be sure and retain your patient for after-treatment. Had I made sure of my patient's confidence and could I have eliminated the influence of officious friends who "had it in for me" I would have avoided this trouble, so that point in this paper touches a tender spot with me. The importance of after-treatment is very great, when you have to consider this point: In all orificial operations you but increase the orificial irritation for the time being. Let me make myself plain. Orificial irritation causes a contraction of the involuntary muscular fibers, the sphincters; that causes pressure on the terminal nerve fibers; for instance, you do a circumcision you increase the local irritation; when you do a slit operation on the rectum you are apt to have more contraction by the time healing has taken place than you had before. I would like to know if the doctors think that is correct?

The Chairman: Dr. Monroe is absent. His paper is

WHEN THE AMERICAN AND WHEN THE SLIT OPERATION.

A. LEIGHT MONROE, M.D.

LOUISVILLE, KY.

It has seemed to me that even after the many discussions in the journals and societies running through so many years, some practitioners have failed to understand the sphere of the American operation. This is by general consent somewhat smaller than it at first promised to be, at the same time the wonderful effect upon nutrition exercised by the operation appeals to a class of cases that nothing else in the realm of surgery or therapeutics can help.

So, while the mature judgment of ten years may have somewhat reduced its sphere, it has at the same time increased its importance.

Many practitioners think that the American is indicated always where there is much tumefaction and adventitious tissue between the sphincters, but this is not so. For where such a condition is associated with a fair general condition, the slit operation perhaps combined with limited use of the single clamp, will leave quite as clean a result.

Nowhere, it seems to me, except in the face, is nutrition so active and healing so prompt. I have known of several cases, one in particular, where after a stone had been removed from the bladder, the surgeon concluded to avoid further shock by deferring operation upon the severe case of hemorrhoids that co-existed. These hemorrhoids were large and tumefied and of long standing. However, before the man was allowed to come out from under the anesthetic the surgeon pinched them and kneaded them thoroughly between thumb and fingers. This procedure, combined with thorough dilatation of the sphincters, caused sufficient adhesive inflammation to render a second operation unnecessary. I mention this to show how little in the way of local surgical interference will sometimes cause nutritive changes in a rectum sufficient for cure. As a rule the removal of the worst piles around the gut and the kneading of the small ones—that are kept irritated by the contiguity of these engorged bodies—will be quite sufficient to accomplish a cure. Some of the smoothest and prettiest results I have ever known have followed the removal of several large piles and simple treatment of the others as above mentioned. So while these last paragraphs are somewhat practical and instructive, especially to the younger

surgeon, their purpose is to point out the fact that almost all rectal conditions of purely local importance can be handled without the American. On the other hand, my best results from the American I think have been where the local condition was very simple, just a *blue line* within the grasp of one or both sphincters, causing what I sometimes call a "squinting rectum" and consequent malnutrition familiar to us all.

Several times in my experience I have attempted the slit operation upon a greatly tumefied and congested rectum where the capillaries had been converted into arteries by pathological change; several times I have attempted the slit operation upon such a rectum and provoked such profuse hemorrhage that I changed my mind and promptly did the American. This is especially advisable when operating at any remote district where it would be hard to get an experienced doctor or nurse promptly to stop a secondary hemorrhage.

Some such cases can be handled nicely by the single clamp method, each wound being well united by catgut stitches before the clamp is engaged upon the next pile. With its smaller amount of shock, its greater rapidity of recovery, its comparative immunity from sequelæ, the slit operation should always take precedence wherever applicable, and there is the fine point for the surgeon to judge.

With its radical results, its comparative removal of the danger of future attacks—with the excision of the hemorrhoidal vessels—and its profound effect upon nutrition, the American should always take precedence where the rectal condition is palpably the cause of serious nutritive or neurotic perversions.

As operators are learning and telling each other constantly how to prevent the occasional unfortunate sequelæ following the American, it becomes less formidable and less menacing.

The two worst post-operative conditions to be dreaded are, as we know, stricture and incontinence, neither probable after good surgery. A point I would impress upon you is to be very careful in drawing the rectal mucous membrane down to be stitched to the skin encircling the anus, not to draw any part of the internal sphincter into the grasp of the external. This end can be secured by pushing the lower fibers higher up in the tube with the handle of a scalpel or with the finger.

TREATMENT OF HEMORRHOIDS BY CATAPHORESIS.

M. DILLS, M D.

CARLISLE, KY.

That necessity is the mother of invention is an old proverb. A man in this age of progress who does not do a good deal of thinking for himself, will find the procession passing by, and he will not be in the band wagon. We can not all locate in the large cities and have an expensive suite in a popular building, etc., and pose as ten-dollar-a-minute specialists. The smaller towns have a *few good* people left in them and some few of *us good doctors* have to look after them. It requires some people, nay the great majority of them, longer than a young puppy to get their eyes open. They are as slow to see the progress in medicine as the following incident vividly describes the progress of the old school: A lawyer of my acquaintance was prosecuting a case of malpractice, vs. an old school physician, not long since, and after stating his case to the jury he began to tell them of the wonderful strides the medical profession of the dominant school had made. "Why, gentlemen," said he, "it required three thousand years for them to find out cold water would allay a fever, and they have never learned yet how to set a broken bone." The jury rendered a verdict against the doctor.

For a long time there has been an idea prevalent that our city friends know it all and they only can do special work. That they have had a corner on all the real good things in matters medical is true. We have seen the good things go from us until the writer has been compelled to hustle and devise ways and means to divide, at least with our city friends, the *pie*. I find it very difficult to get the average patient to submit to the treatment of hemorrhoids by any operation that is attended with the use of instruments that might draw blood. He has heard of a specialist in the city that cures piles without this, and to him he goes. When once in the hands of a surgeon from home, it is all over, so far as any objection on part of patient is concerned and he now submits to any suggestion,—he is hypnotized; but this is business, you know.

In order to meet the conditions that exist to a large extent through the country, and retain such cases, I have been using the following method, which so far as I know, is original with me in

this class of cases. I have had an electric outfit made with storage batteries charged from plant, by means of the current for cathodic work. I have found it among a number of things especially adapted for treating hemorrhoids, a simple and easy method. Briefly I will give the technique. Place a plate under the body, connected with negative pole. After exposing the pile tumors by means of cylindrical speculum with slit for exposing tumor, I apply 10 per cent solution of cocaine, then saturate with carbolic acid small piece of sponge or chamois skin attached to a proper holder, the positive electrode is placed over the tumor and allowed to remain for from five to ten minutes, when the tumor turns white and shows marked reduction. Each tumor is treated in this manner until all are treated. I have never used over ten milliamperes on any case. I have treated a number of cases so far with satisfactory results, and patients are highly pleased with the method, as they do not know what they are getting, pain is so slight, and cure so rapid. I believe this will prove a new method worthy of your consideration and trial. As our genial friend, Dr. Monroe, called for new methods, this is my apology for the foregoing. If it holds as it has promised I shall feel that I have added something to the new methods.

The frequency of application will depend on the size of tumor; so far I have never had to use the treatment the second time on but one patient and that was my first. The carbolic acid I use and recommend is Mercks C.P.

Continued in October Number.

JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

THE ELEVENTH ANNUAL CONVENTION OF THE
AMERICAN ASSOCIATION OF ORIFICIAL
SURGEONS,

HELD AT THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE, CHICAGO, SEPTEMBER 7 and 8, 1898

(Continued)

CONTINUATION OF DISCUSSION OF DR. GEORGE'S PAPER, "BEFORE AND AFTER TREATMENT," FROM PAGE 140, SEPTEMBER NUMBER.

Dr. Young: Then comes the importance of gradually overcoming the contraction, for unless dilatation be practiced, every orificial operation increases terminal orificial irritation. Now, to overcome the contraction of that irritation, added to the previous contraction, you must keep up the after-treatment.

Dr. Means: I want to say, in regard to the doctor's statement, that all orificial treatment aggravates the irritation, that I don't agree with him. In case of piles, where we have constriction of the sphincters, dilate and we get relief right away.

Dr. Young: By dilatation you do, but operate without dilatation and you're sure to have it.

Dr. Means: We can't operate without dilatation.

Dr. Young: Yes, but you overcome the increased irritation by dilatation, which paralyzes the sphincters for the time being, but my point is, that by the time healing has taken place you have contraction the same as before. Then it is necessary to overcome that with the gradual dilatation.

Dr. Means: I want to say, further, I think we are all a little deficient in after-treatment. I know, when I began the work, I was advised to operate and let the patient alone until there was something

abnormal developed. At the present time, after any kind of an operation on the rectum, I order an enema of hot calendula water twice a day for several days; the water dilates the rectum and keeps it from contracting and scatters irritation, and I have much better success.

Dr. Young: You do this immediately after the operation?

Dr. Means: Yes.

Dr. Curryer: I enjoyed the paper of Dr. George very much; it was somewhat unique. There was one special remark—he seemed to advance the idea that he had some way by which he could hold his patients and give them their treatment. Now, I think, Dr. George, if you have any kind of “cinch” by which you can hold them and give them after-treatment, you ought to tell us what it is. (Laughter.)

A Doctor: I think in all these cases, after making the examination we should say the first step is to relieve the orificial irritation, then follow with the next step. We are apt to have trouble unless the patient is expecting something further.

Dr. L. H. Muncie: I am sorry to speak so often, but I wish to tell you what our last plan is in after-treatment. In many cases, where they are old chronic cases, we say, “Unless you will agree to give us full charge of your case for three months, six months, or a year, sometimes, we cannot touch you at all,” and explain the matter to them, and unless they are willing to stay with us till we see they have had sufficient treatment, we do not take their cases. Just such trouble as this led us to it, and where a person will not promise it is better to let him go.

Dr. George: That is my plan exactly.

Dr. Johns: One point in regard to after-treatment. Among the first cases I ever operated on was a case of chronic diarrhea given to me by Dr. Hamilton after diagnosis as consumption of the bowel—couldn't do anything with it. I took charge of the case and removed some pockets and papillæ from the bowel. He hadn't had a normal stool, he told me, for nine months. The fourth day after the work I had them use some warm water, and when I went in a little later, he said: “Doctor, that is the first natural stool I have passed in nine months; therefore I must be better.” He dilated his own bowel, and that was one way in which I got after-treatment. (Laughter.)

The President: Anything further on this subject? If not, Dr. George has the floor to close the discussion.

Dr. George: I have tried to answer a few questions. I might tell how I tried two patients—I held one and didn't the other. One of the gentlemen I speak of was a prominent man, well fixed financially, who came into the office. I put him on the chair, and instead of recognizing that he was an extremely nervous man, I attempted to dilate him a little to make an examination, and he as quick as a flash caught

the speculum and slung it down, ran to the door, and that was the last of it—that was the way I held him. (Laughter.) He said that was enough. He got well—scared him nearly to death. Well, another man—I think I related the case last year, how an actor came to me—he had been treated in towns all the way from San Francisco to New York, I couldn't tell you how many different ones; he had a list of 200 physicians that had treated him. That sounds like a big story, but he had the list and the prices he had paid. Well, after my brother had treated him some time I said: "You want to get after that actor orificially." He said he would have me examine him some time. One day I put him on the operating chair, and inserted the speculum. He at once threw his head back and had a convulsion. I thought he was dead. He brought a lawyer with him to see what I did. His brother-in-law came with him. He thought that was in the game. I pretended it was what we expected. I said: "We've got him now." At the same time I broke out in a cold sweat, said nothing, but put a little nitrate of amyl under his nose. It was some time before he breathed, but finally he gasped and came to. He soon sat up. I told his brother-in-law he was feeling a little upset, and I'd take him home in my carriage. On the way home he said: "Do you know, you struck the spot in my back; you went up and touched the spot that caused the pain in my back, and you're the first physician that ever mentioned rectum as being the cause of the trouble." I said I knew I did. He said, "I want you to go on and treat me," and I did, after he recovered from the shock. He is at Porto Rico now, I think, in the army. He hadn't been able to do anything for several years as an actor. He staid with me, notwithstanding I almost killed him the first round. I usually give an anesthetic while dilating. There are a great many of these cases that we have all had no doubt where dilatation has done a great deal of good for the patient. I had a man last week say to me: "I can't stand that racket; I'll quit." I said: "That is what I want; you come back in about two months." I had dilated all I wanted to. I find it is a good thing to let them rest.

Adjourned.

WEDNESDAY, SEPTEMBER 7, 1898, 8 O'CLOCK P. M.

President Sawyer in the chair.

President Sawyer: The first thing for the consideration of the society this evening will be the report of the committee on resolutions regarding the matter of Dr. Young.

REPORT OF COMMITTEE ON RESOLUTIONS.

WHEREAS, It has come to the knowledge of this association that one of our members, Dr. F. E. Young, of Canton, Ohio, has been involved in litigation over some orificial work that he performed on a patient for the cure of rheumatism and asthma; and,

WHEREAS, The statement of Dr. Young made to this society of his manner of treating the case above referred to, also the deposition of Dr. T. M. Johnson regarding the same, has been read to the association, wherein he declares the treatment unnecessary, improper and harmful; therefore, be it

Resolved, That we, the American Association of Orificial Surgeons, in our eleventh annual convention assembled, after weighing the testimony on both sides, hereby fully indorse the operative procedures used by Dr. Young in the case under consideration, it being our practice and common knowledge that by removing all points of irritation from the lower orifices of the body we improve the general nutrition and circulation, thus enabling the system to eliminate uric acid and toxines productive of rheumatism, asthma and other chronic diseases, as can be demonstrated by thousands of cases operated upon by the orificial surgeons of this country.

By the committee:

CORA SMITH EATON, M.D.
W. F. CURRYER, M.D.

Report accepted.

The President: Has the Board of Censors a report?

Dr. Kreider: I have the name of Ernest Barton proposed for membership, duly approved.

On motion, duly seconded, the report of the Board of Censors was accepted.

The President: Is there any other new business or business for the good of the society for consideration at this meeting? If not, we will proceed to the consideration of the Bureau on Nervous Diseases, Dr. Libbie Hamilton Muncie, chairman. Dr. Muncie, will you come to the chair?

Dr. Muncie: The first paper to be considered under this bureau

is by Dr. Mann, "Results of Orificial Work on the Insane." Is Dr. Mann present?

Dr. Aldrich: Dr. Mann is not present, but he has sent his paper.

A FEW RESULTS OF ORIFICIAL WORK ON THE INSANE.

WM. O. MANN, M.D.

FERGUS FALLS, MINN.

Extremists have claimed to mentally recover cases of insanity of many years duration by operating upon the lower orifices of the body. These one must take with a grain of salt, for either the cases have not been under observation for any length of time after the operation, or an improved physical condition, with perhaps less excitement mentally, has misled the surgeons to call them recovered.

It is a fact that many cases of insanity with mental and motor excitement are often quiet and rational for a short time after anesthesia, but this is only temporary. While I believe in operating upon diseased conditions, I do not think that all a case of insanity needs is to be circumcised, have a few excrescences removed from about the anus and two or three hemorrhoids excised in order to make a speedy and complete recovery.

Dr. Buche, superintendent of the London (Ontario) Asylum, in the American Journal of Insanity for July, 1898, deals with surgery among the insane, but the article gives only the results as applied to women. His success is greater than I have to claim, probably for the reason, as he states, that many of his operations were for ovarian or uterine tumors. In all, I wish to report orificial work in thirty-nine cases—twenty-three men and sixteen women. The operations were chiefly for hemorrhoids, elongation and thickening of prepuce, laceration of cervix and perineum, prolapse of anterior vaginal wall and diseased conditions of the uterine mucosa.

Six men and six women were improved both mentally and physically, and three of these women soon went home recovered. One man and two women improved mentally, and eight men and three women improved only physically, while two men were better mentally temporarily, and in seven men and four women no change could be noticed. Thus we see that of the men, 30 per cent improved mentally, and 61 per cent physically. Among the women, 50 per cent improved mentally, and 56 per cent were better physically. Taking the sexes together, 38 per cent gained mentally, and 66 per cent physically.

The following table shows the sex, form of mental disease, operation and results mentally and physically:

SEX.	DIAGNOSIS.	OPERATION.	RESULTS.	
			MENTAL.	PHYSICAL.
M.	Dem. Ter.	Excision of Hemorrhoids	Nil	Improved
F.	Mel. ac.	Sphincters dilated		
		American Operation	Improved	Much Improved
		Trachelorrhaphy		
M.	Mel. ac.	Excision of Hemorrhoids	Nil	Nil
		Sphincters dilated		
M.	Mel. chr.	American Operation	Nil	Improved
		Circumcision		
F.	Mel. ac.	Cystocele	Improved	Much Improved
		Perineorrhaphy		
M.	Dem. Ter.	Hemorrhoids excised	Improved	Improved
		Circumcised		
M.	Mel. ac.	Excision of Hemorrhoids	Improved	Improved
		Circumcision		
M.	Dem. Ter.	Hemorrhoids excised	Improved	Improved, tidy
	Untidy	Sphincters dilated		
M.	Man. ac.	Circumcision	Improved	Improved
M.	Dem. Ter.	Circumcised	Temp. Improved	Nil
M.	Dem. Ter.	Hemorrhoids removed	Nil	Nil
		Circumcised		
M.	Man. chr.	American Operation	Improved	Improved
		Circumcised		
M.	Man. chr.	Circumcised	Temp. Improved	Nil
M.	Imbecile	Circumcision	Nil	Nil
F.	Mel. ac.	Repair of Cystocele	Much Improved	Improved
F.	Mel. ac.	Uterus curetted	Improved	Much Improved
M.	Mel. chr.	Circumcised	Improved	Nil
M.	Man. chr.	Circumcised	Nil	Improved
F.	Mel. ac.	Perineorrhaphy	Much Improved	Improved
M.	Dem. Ter.	Circumcision	Nil	Nil
M.	Dem. Ter.	Circumcision	Improved	Improved
M.	Dem. Ter.	Excision of Hemorrhoids	Improved	Improved
		Circumcised		
F.	Dem. Sen.	Excision of Hemorrhoids	Much Improved	Improved
M.	Man.	Circumcision	Nil	Improved
M.	Dem. Ter.	Hemorrhoids excised	Nil	Improved
F.	Mel. chr.	Curettage of Uterus	Nil	Improved
M.	Dem. Ter.	American Operation	Nil	Much Improved
F.	Mel. ac.	Uterus curetted	Nil	Improved
M.	Mel. ac.	Hemorrhoids excised	Nil	Nil
M.	Dem. Ter.	Circumcision	Nil	Nil
F.	Man. ac.	Trachelorrhaphy	Improved	Improved
		Perineorrhaphy		
F.	Dem. Ter.	Trachelorrhaphy	Nil	Nil
		Cystocele		
F.	Man. chr.	Uterus curetted	Improved	Improved
F.	Mel. chr.	Trachelorrhaphy	Nil	Nil
F.	Mel. ac.	Trachelorrhaphy	Improved	Nil
		Circumcision		
		Perineorrhaphy		
F.	Mel. ac.	Trachelorrhaphy	Nil	Nil
M.	Man. ac.	Circumcision	Improved	Improved
F.	Mel. ac.	Perineorrhaphy	Improved	Improved
		Uterus curetted		
F.	Dem. Ter.	Cystocele	Nil	Nil
		Perineorrhaphy		

Dr. Muncie: The next is

THE RELATION OF THE NEUROLOGIST TO ORIFICIAL WORK.

N. B. DELAMATER, M.D.

CHICAGO.

At the request of the chairman of this bureau I have consented to prepare a very short paper on this topic, as I wrote him I cannot make the paper what I would like to for lack of time just now. It, however, is a pleasure to present to your honorable body a few thoughts on this subject.

To the neurologist orificial work is a necessity. The orificialist would find his work curtailed very materially were it not for that part of it dependent upon the department of neurology. In fact, I imagine that a very large percentage of the work done in orificial lines is on account of nervous irritation. While I as a neurologist may depend upon orificial work for many of my results, I cannot sanction all that is claimed by the orificialist. It is claimed for it that it will accomplish many things which my experience and my observation teach me that it does not and cannot accomplish, but this, in my judgment, does not detract in the least from the value of the principle nor from the wonderful results that have been obtained from this kind of work. I do not think that I should condemn cases of failure in a few lines when success is obtained in so many lines.

The function of a neurologist, first of all, is to make a thorough detailed examination of his patient and secure a complete history—it should be a chronological history of the patient.

Next, to assize all the facts that he has obtained in this way. Having done this, bear in mind that the physical examination of the neurologist includes every organ and part of the body. It is his business to determine not only what is the present diagnosis of his case, but also what are the causes leading to or producing the present condition. It is also his business to determine those things which may be present in his case that do not or cannot have any part in the causation of the present trouble. For instance, if a neurologist finds that a certain line of trouble has existed for any number of years previous to a certain accident, this accident cannot have been the cause of the present trouble. It may or may not have acted as an aggravating element, but it cannot be the cause. On the other hand, if a certain condition of things has been found to exist from childhood to the present, and during all these years has been producing symptoms in a direct line with present symptoms, this may be and probably is the primary cause of the present condition. Of course, it may be that other elements have come in to aggravate or modify the conditions

from time to time. It may be, too, that the long standing source of irritation may determine the seat or location of effects from a more recent and direct cause. Thus a defect in the muscles of the eye, causing certain cerebral irritations, may be the cause of a shock of some kind, producing certain symptoms pertaining to the brain. A long continued irritation from the genital tract may be the determining cause in locating the symptoms of a similar shock in another patient, in the back or in the genital regions. In determining whether a present condition is the result of reflex irritation from any source, it is the business of the neurologist to determine, first, whether the present conditions can possibly be brought about or produced by that source of irritation. Next, is the irritation sufficient to produce a trouble of that character and to the extent of that which is present. Now, having determined beyond any reasonable doubt that a certain condition is capable of and is in fact producing or aggravating the present condition of the patient, it is clearly the duty of the neurologist to advise the correction by the best means within his knowledge, no matter whether that irritation is in the eye, the ear, the nose or throat, the heart, the liver, the digestive tract, the genital organs or the rectum.

Now, as it is a fact in very large number of the cases with which the neurologist comes in contact, he will find the primary cause in the eye, nose or throat, digestive apparatus, genital organs or rectum. It necessarily follows that in a very large number of his cases he must call to his assistance orificial work, and he has not done his duty to his patients unless he has discovered these causes and has them removed. I mention in this list of cases that may come under the head of orificial work, troubles of the digestive tract, not because they are necessarily from orificial sources, but that they so frequently are, and it is the duty of the neurologist, as in all other lines of trouble, to determine the causation and to have it relieved by proper treatment, the same as he does in other troubles.

Now I may be pardoned, possibly, if I suggest that the relation of the two departments might be closer and more satisfactory, if the orificialist would either call to his help, in formulating an opinion as to orificial work, the neurologist, or use with great care and skill the methods of the neurologist. I suggest that many of the failures of the orificialists are due to a want of the neurological methods preceding an operation. I would, therefore, say that the relation between the orificialist and the neurologist is a very close and interdependent relationship—that the one can scarcely exist and do satisfactory work without the help of the other. I have purposely refrained from quoting cases or specifying persons, as it is my desire in this paper to confine my thought to the need of a more careful examina-

tion and diagnosis in many of the cases previous to doing orificial surgery.

I thank you for your attention.

Dr. Delamater: I must apologize for the paper. It was very late when Dr. Aldrich very kindly asked me to write a paper for this association, and it was impossible to prepare such a paper as I would like to prepare for this assembly of physicians on the subject Dr. Aldrich selected for me, and I was very glad to write upon it simply for the purpose of bringing out one thought.

The President: The paper of Dr. Delamater is before you for discussion. We will be pleased to hear from you. This is an important subject, well put by one of our leaders in the profession, and we would be glad to hear expressions from the members of the society on the subject.

Dr. Beebe: This paper certainly strikes at the root of the subject, and, as Professor Delamater says in the beginning, he doesn't believe that orificial work will accomplish all that some claim. Of course, there are radicals and extremists in all lines of work. There might be some things that Dr. Delamater in his line of work would get that another neurologist would not get. It is just such papers as this we need—papers by those who have an understanding of the principles underlying what they are trying to accomplish, but not by those who simply know something of methods and not of principles. All lines of work are injured by the latter class. We have had other papers to-day advancing the same idea, and there are none of us who have been in the practice of orificial surgery any length of time but will coincide with the sentiment expressed in the paper by Dr. Delamater.

The President: Anything further on this subject?

Dr. L. H. Muncie: I consider the physicians of Chicago—especially the orificialists of Chicago—highly favored in having a neurologist who is so liberal. We of New York are not quite so fortunate. We have the neurologists there, of course—they are found in every large town and city—but I don't know of one who would heartily indorse the orificial principles. It seems to me that in many cases they have a great deal of difficulty in so neglecting the reflexes, and I think that is one reason why orificial surgeons have stood aloof, as it were, from neurologists. The attitude in our city, as it has been in the past—not so much so now—was this: Two years ago a case of insanity which had consulted a very prominent neurologist, who had pronounced her incurable, was brought to us for consultation, and we found a great deal of pelvic trouble—the entire history pointed to those pelvic troubles. We advised an operation. Although the

patient had suffered a great deal of mental anxiety, we believed this pelvic work would help and probably cure her, and so prognosticated the case. Only a week later the neurologist was met on the street by the mother, and she told him that she expected to have an operation, and he said: "Nonsense! Nonsense! Simply throwing your money away. She never will be well." Well, she had the operation, and did get well. The specialist was informed of her recovery. "Well," he says, "that is the first time I ever made a mistake in the diagnosis. It wasn't that kind of insanity. I guess I didn't take quite as much time as I ought." That is all the kind of sympathy we have in New York, and I congratulate Chicago on having Dr. Delamater.

Dr. Costain: There is one point in Dr. Delamater's paper upon which too much stress cannot be laid, and that is careful diagnosis. I have seen orificialists, and men doing that kind of work, who claimed to do so much with neurotic subjects, and I have found in my experience that neurotic subjects may be benefited, but, as he says, only if these cases are followed up with the proper after-treatment. I have seen cases of locomotor ataxia which were benefited, but I don't know that I have even seen a case cured, and there are a great many cases of that kind which can be benefited materially by orificial work, if properly used and followed with other methods. But there is the trouble; the case is said to be a good orificial case, it is operated on, don't get well, and passes out of the hands of the surgeon, when he ought to follow it up with other methods known to the profession. He ought to be broad enough to see that he isn't the only one in the profession—that others have ideas, and good ideas, that ought to be carried out. The lesion may sometimes be local, or along the track of the sympathetic nerve, probably reflex. Those cases can be helped, but when the location is central, few of the cases can be reached with the other methods without orificial surgery, but other methods should be used.

The President: Any further discussion on Dr. Delamater's paper? If not, Dr. Muncie, will you proceed with your section?

Dr. Muncie: The next paper is entitled

OUR TWIN SISTER.

HENRY C. ALDRICH, M.D.

MINNEAPOLIS.

Dr. Aldrich: I will apologize for not having a paper, and explain it. I expended all my gray matter in securing the papers for this bureau. I wrote in the neighborhood of forty letters, and had no time to prepare a paper myself. I prefer to ask you to allow me to read the paper of Dr. Williamson. In reference to the paper that bears my

name—that refers to my city. I suppose—I will refer that to Dr. Hubbell, and I will read Dr. Williamson's paper.

REPORT OF A CASE OF ACUTE MANIA, IN A SEXUAL PERVERT,
RELIEVED BY CIRCUMCISION.

A. P. WILLIAMSON, M.D.

MINNEAPOLIS.

The writer is not in sympathy with orificial surgery run mad, nor with the belief that the body is controlled by the so-called sympathetic system of nerves, with "direct and private wires" connecting the most remote parts with the anus, separate from the general cerebro-spinal system. Yet in an experience in the treatment of nervous diseases, extending over a period of more than twenty years, he has seen many cases helped by operations on the outlets of the body.

The explanation of the relief obtained does not arise from any mysterious reflex influence on the sympathetic system, but to the transference of impulses in the cerebral cortex, or, as it has been so well stated by Dr. Dana in his article entitled, "A Clinical Study of Neuralgias." "The term reflex used here is not technically a correct one. An irritation in the stomach may cause a pain which is felt in the forehead. The impulse starting in the stomach nerves is conveyed to the cortex of the brain, and this is felt as a sensation excited by the trigeminal nerve. It is a transferred sensation, not a reflex one, since the impulse is afferent only and the outward reference of the pain is purely psychical."

This is the reason why reflex diseases, so-called, are not always relieved by surgical interference. Thus headaches associated with ocular muscular deficiency often persist in spite of partial tenotomies. One of the commonest causes of neuralgia is decayed teeth, and yet their repair is not always followed by relief. Deranged digestion and disordered sleep, and a long train of nervous symptoms, are found in cases suffering with hemorrhoids, but the removal of the irritating inch does not always cure.

It is not necessary to enumerate the various symptoms which may be associated with diseases of the outlets of the body. It will suffice to state the general fact that abnormal symptoms appear with disturbances of the eyes, ears, nose, mouth, urethra, anus and sexual organs, and yet it does not follow that an operation upon the offending opening will cure the patient, because the source of the transferred pain may be remote from any outlet. It is no more reasonable to ascribe the cause of the general malady to the local difficulty than it is to claim that all diseases occurring in a syphilitic are specific.

The proper light in which to view orificial surgery is that the various abnormal nervous phenomena which occasionally accompany anal diseases are the result of local difficulty affecting the general health, producing a lowered vitality, a lessened resistance to disease, and thus permitting functional derangement to be transferred to some part of the body anatomically weak by hereditary transmission. Unquestionably the removal of such an irritation and restoring the part to a normal state assists in curing the nervous symptoms by raising the general tone of health.

Beyond doubt it is the duty of the physician—a most important one, too—to make a careful examination of every part of the body and to remove all diseased or deformed tissue, whether it is found in the orifices or elsewhere, by medical or surgical means, whichever seems to present the best prospect of success. It should be borne in mind, however, that removal of hemorrhoids, the extraction of a tooth, or any other limited operation, while it may remove isolated symptoms, never alone cured a disease. Such operations often materially assist by improving the health, but they should only be accepted as helps, as a disease is rarely, if ever, produced by a single cause.

Orificial surgery is beyond doubt a great boon to suffering humanity, and when rationally used is a mighty force for good, but when blindly and fanatically followed it is likewise a source of untold evil.

In a fair proportion of cases the general condition, such as an anemic state, is responsible for the local trouble, and medical care directed in the appropriate channel quickly restores the patient to health. Remember the Roman adage, "*Festina lente*," which should be translated by orificialists as meaning do not be in too great a hurry to operate upon every opening of the body, as the cause of the disease may be located elsewhere.

The following case is one in which the history and the symptoms so largely pointed to the sexual apparatus as being one of the influencing causes that an operation was deemed advisable, and the result proved the correctness of that view.

O. Age 19. Family history unknown. Case came in the writer's care one November. The patient was a tall, heavy boy, with a remarkably small head. His features were coarse, his lower lip drooped, his palate was high and narrow and his teeth were irregular and displayed lack of care. The person who brought him stated that he had worked for him for several years; that recently the boy had been growing more and more stupid about his daily work; seemed to forget his routine duties. He often stopped work and sat down, looking vacant and stupid. When remonstrated with he was irritable and threatening; was quarrelsome, and had upon several occasions at-

tempted violence. The previous spring he had been caught masturbating, and since then he had been seen acting suspiciously a number of times. Early this fall he was found trying to have connection with a cow, and he acknowledged having had, or had attempted to have, intercourse with nearly every female animal on the farm on which he worked, during the previous year.

When we first saw him he was sullen and disinclined to talk, and when pressed with questions became irritable and threatening. His pulse was 92 and temperature 99. His hands and feet were damp and cold and his face pale. He was placed in bed and a watch put on him to prevent masturbation. He soon became exalted, noisy, and inclined to violence. He received a carefully studied remedy and well selected, nourishing diet. He gained in general health and his mind improved. Upon examination his penis was found to be abnormally large and the foreskin was long and narrow, attached in spots to the glans. He was circumcised and an ancient pile of decomposing smegma was removed from behind the glans. From the time of the operation the patient's convalescence was hastened, and in a few months he had entirely recovered.

With the improvement in intellect he gained in strength and bodily weight. When he left our care his guardian stated that he was brighter, took more interest in his personal appearance, and seemed to have a greater desire to receive approbation than he had ever exhibited before.

In this case the circumcision unquestionably hastened the restoration, but medical care, massage and nourishing diet certainly deserve equal credit for his recovery.

The President: The paper of Dr. Williamson, as presented by Dr. Aldrich, is now before you. This surely is a very interesting paper and relates one very interesting case—a case such as many of us meet and too often allow to go uncured, either because we don't adopt the means primarily that are essential, or because we quit the work before having exhausted the after-treatment methods which have been shown so often here to-day as necessary in the completion of the cure. It seems to me that this re-emphasizing, as it were, the necessity of after-care has come to us at a very needful time in our history, and I am glad for my own part that papers of this kind are finding their way here. I would be pleased indeed if more active discussion followed the subjects presented. We want you all to feel perfectly at home. The object of these meetings is simply to bring us closer together; they are intended to put us in touch more closely with one another. We want here to know our failures as well as our successes, and it is our desire that every one, whether a new member

or an old one, or if not a member at all, if simply a visitor, have the privilege of discussing these matters, asking such questions as he likes and talking them over as he will.

Dr. George: This is a very interesting case, and I think, like a great many other cases, that the after-treatment was accessory to the real thing that cured the boy. I don't believe he would have been cured without the operation followed by the treatment given for the prevention of adhesion and the things that in that case were done. I believe that the operation made the change in the case and was the potent cause of curing the boy, and would have cured him without anything else, perhaps, if the operation were properly done and the after-treatment as it should be.

Dr. L. H. Muncie: From the wording of that paper we might suppose that the boy would have got well without the operation. It seems to me that after-treatment simply tends to break the habit of the system. Orificial surgery is to the body what salvation is to the soul. Take a man who has been in the habit of swearing, he has sworn from babyhood up, and swears at everything, from the least thing up to somebody stepping on his best corn. At first he swore only at big provocations; after awhile he swore at something funny, and his whole system became so permeated that he couldn't help swearing, be it something funny or an irritation of the nervous system. That boy was born with an irritation; from birth to 19 years there was a long continued irritation, long continued nagging at the nervous system, until the results were added and the entire system had reached a point where a habit was established which it couldn't easily throw off, and we find these are the cases with which the orificialist has to do; the habit of the system must be changed. We get a long list of irritations in the course of years. That homely old saying,

"Fleas have fleas on 'em which bite 'em,
These fleas have fleas, ad infinitum",

is true in regard to these chronic cases. This boy's first flea was a long foreskin, and if all his symptoms could have been given we would get a long list, all going back and starting from the first irritation. As Dr. George remarks, probably if the operation had been perfectly performed, the frenum severed, the foreskin loosened and everything been put in a perfect condition, the chances are he would have got well. Still, I am a strong advocate of after-treatment. As I said, we tell almost all our cases, "We will do nothing for you unless you will take our treatment for at least six months or a year," and I am not in any wise belittling after-treatment; it is exceedingly important, but at the same time the object of the after-treatment in most of

the cases is to break the habit of the system. Now, to go back to the illustration, the first, the man swearing all his life. After a while he begins to see that swearing is not right; not in the sense of being wicked—that is only one of the outgoings of the natural heart which the scripture tells us is “enmity against God.” He does other things that are not right, but we’ll take just the swearing; that is at least bad taste. Perhaps you don’t all like theology, but God is true and orificial philosophy is true, and all truth applies and fits into every other truth. And this man says: “I can’t make myself better, but I am ashamed to swear.” He resolves to quit, but perhaps something happens to-morrow and he lets out a fearful oath to that long suffering woman, his wife, and then he is sorry, and the harder he tries not to swear the harder the temptations come, and after a while he finds he can’t do it, and he gives himself to Christ. He gives himself to Christ, and he is a new man; the things he once hated he loves, and *vice versa*. He finds the next day that everything goes easily; he don’t swear and everything is perfectly lovely, and he says: “How easy; everything is easy; I have a new heart,” and he sees no difficulty. One day going to his work, all of a sudden he sees a fellow coming along in the country road, and the next moment he recognizes him as a man that always made him swear, but he has got control of himself now, and as the road is narrow he gives the fellow all the road and he drives as near the ledge as he can, gives him more than half of the road, and of course this feeling that it is so easy to keep his temper is in his mind—it is so easy—and his wheels slip and he feels himself rolling down hill, and he swears harder than he ever swore in his life; and then he is sorry and goes over the matter. That doesn’t say the man hadn’t a new heart. He didn’t want to swear, but he did swear under that provocation, but after a while, after a few years, he will get so he will not swear under any provocation. It is exactly so in these orificial cases. They need after-treatment because they are going to have new difficulties, and when they are going to overdo, some little physical irritation is coming along—perhaps we have not done our work thoroughly—and after a few months some irritation comes back, internal or external, and the habit of the system will show itself. Therefore we need, as in the case of the man with a new heart, fresh applications of grace every day. So these cases need after-treatment; they need our attention for almost a year. So, in the case with this boy, he needed the attention to break the old habits, but in this case he probably would have been well without the after-treatment. (Applause).

The President: Anything further?

Dr. Muncie: Has Dr. Hubbell anything to say about “Our Twin Sister?”

Dr. Hubbell: That was one of Dr. Aldrich's dodges to get out of his paper, that's all.

Dr. Curryer: I plead guilty and throw myself on the mercy of the court. I assigned the subject, and I certainly thought that each officer of these various sections should have a paper. Now Dr. Aldrich, I know he had a good deal to do, a number of papers to get, and if he wrote 40 letters I suppose I wrote 400. Yet I have a little paper. I wanted each officer to have a place on the program. It was suggested by the president that the chairman and the secretary of each section have a paper. The "Twin Sister" doesn't refer to the magnificent city that he tried to make you believe it did; it refers to the nervous system.

Dr. Muncie: We have all read Dr. Aldrich on the nervous system. If he had said "Brother and Sister" we would have known; he could have given us a talk on the cerebro-spinal and the sympathetic, or, if you choose to call it, "Twin Brother and Sister." It isn't right for you to get out in that way, Dr. Aldrich.

Dr. Aldrich: I think I have done my share.

Dr. Muncie: If there is nothing further, that closes this section.

(Calls from the convention for Dr. Muncie's paper.)

Dr. Muncie: I thought I was going to get out of making excuses for myself. I am ashamed of Dr. Aldrich. (Applause and laughter.) Now, if I had known that my name was down for a paper I would have had one, for I never back out of an agreement, but through some misunderstanding it is here, and I did not know it until I saw the program this morning. However, this subject—the clitoris and the many forms of irritation to which it is subject, the frequency with which physicians are confronted with the results from its pathological conditions and the gratifying results obtained by careful, discriminating attention to the same—moves one to a depth of true enthusiasm that renders it quite possible to present the matter. Whatever I say, therefore, will be just as it comes to my mind, and I will endeavor not to tax your patience while accepting your kind courtesy.

In regard to the anatomy—with that you are all familiar. As to the physiology I think you are also familiar. As to the hygiene, it is of great importance. However, we will touch upon that in considering its pathology.

As to the pathological condition in which we find the clitoris, the adhesions of the prepuce are the most common. Then we have many abnormal variations of the prepuce; it may be too tight, it may be too narrow, it may be too long, it may be too thin, it may be too thick, or too patulous, or altogether adherent, or presenting an abnormal hood, but not adherent at all. Now, the question comes, why do we

in so many cases—in fact, in almost every one—find to some degree an adhesion of the clitoris? I am not certain whether most little girls are born, as are most boys, with an adherent foreskin, or not. Since we have been doing this work we have seen but little obstetrical work, although I have observed three new-born little girls where the clitoris was perfectly free. The wearing of the diaper and the cleansing of the baby, with the frequent and profuse use of powder, is first accountable for the adhesions, I think, of the little girl who is born all right. It is a common habit to use powder because the baby chafes with the wet diaper. Why it should become chafed if fresh diapers are used I do not know, but the powder is placed over the parts in profusion. If there is a normal condition, this powder is pretty sure to get under the hood; it becomes old and sticky and irritates the delicate mucous membrane, and adhesion takes place.

Again, when a little girl is able to go around and take care of herself in a measure, she does not care for herself as she should. The urine is not thoroughly dried from the parts, and it, with the decomposing natural secretions not carefully washed away, excoriate, and inflammation takes place, leading to adhesions. A little later the girl begins to menstruate, and goes to school. She wears a napkin many hours without change. If the menstruation is not profuse, this becomes soiled and hard; the menstrual discharges become coagulated and harden on the external parts and about the clitoris, and that produces itching, excoriation, and finally adhesions, and often masturbation.

Most young girls, I find, have intense itching after menstruation. The reason for this is that they are told that they must not wash during this period—that they dare not use even warm water—and a portion of the discharge works upward under the prepuce (which acts as a pocket and is seldom washed clean), and becomes more and more decomposed. This is kept up month after month, until we often find under a partially free prepuce a large piece of old smegma and old blood. Young girls are frequently seen with the hood partially free, but distended with smegma; pinching that out often settles immediately the existing nervousness. This statement brings to mind a circumstance that happened four years ago in the western part of New York state. It was a standing joke with our hostess that we could cure fits. So I wrote her that we were coming, would be there on a certain day, and to call together all the people who had fits and we would cure them. Sure enough, we had not been there half an hour when a gentleman came in and said his daughter, a girl of sixteen years, had been having fits for three weeks. Every physician in town had been there and could do nothing, and they were worn out with her.

He understood that we cured fits, and he wanted us to do something for his daughter. We went to his house and insisted upon an examination, to which she, in her hysterical condition, objected. It was finally accomplished, and we found this condition: Under the hood of the clitoris, covered completely, was a piece of decomposed blood and smegma, certainly the size of a small bean. With some difficulty it was pressed out. She went to sleep, slept all night, and had no spasm. There was other slight trouble, and the next morning we did the further necessary work. The young woman has never had a spasm since—in fact, is married and the happy mother of two children, and enjoys perfect health. If she had been taught to wash herself carefully, this condition of filth could not have happened. Many mothers, through ignorance or false modesty, fail to teach their daughters how to take the proper care of their sexual organs, and I believe in many cases these adhesions do not exist until after mechanical inflammations have appeared.

Now for the results. What can we say of the results of the adhesions of the clitoris? We find little girls suffering from the slightest neurasthenic conditions, to the diseases of the deeper structures. I have never seen a little girl with any form of chronic troubles who upon examination did not present an abnormal condition of the clitoris or its prepuce. I have seen but few cases of hip-joint disease; each of these, however, improved very perceptibly after this work was done. If adhesions are allowed to continue from childhood, deep-seated troubles are bound to appear sooner or later. These adhesions lead to neurotic conditions which produce a relaxation of uterine ligaments and vaginal walls. In the first stage, however, of the decline, we get the hyperesthetic condition of tension and spasm, which, if allowed to continue, will arrive at the more profound stages of relaxation, apathy, atony, and even atrophy.

Thus we find patients at the various stages, from the first nervous symptoms to that of almost, if not quite, anesthesia. To reach this stage may require many years in certain individuals; less in others.

As to the final results: With a young woman who presents a long train of troubles, we find, upon examination, the uterus displaced, the **vagina** filled with hypertrophied papillæ, the labia too long, the hymen ragged and presenting many little saw teeth prolongations. Such a case will not be cured by simply correcting the pathology about the hood of the clitoris. We must go farther, even to eradicating the last set of pathological results. The preputial adhesion is the first, the others resulting from it in their respective order, upon the principle of the old story of "This Is the House that Jack Built." We must therefore remove every point of irritation, from the earliest to

the latest, if we would cure the case. Here again comes in the consideration of after-treatment as a means of overcoming the long-continued habits of the nervous system, which in certain cases linger persistently after the cause is removed.

To-day several have asked me about the operation. How do you keep the hood of the clitoris from readhering? It is exceedingly important that it be properly loosened. It is very necessary to first determine the line of adhesion, and peel the hood carefully back just beyond the miniature corona. Great care should be taken not to separate the mucous membrane of the hood, peeling back the outer preputial membrane, but leaving the inner mucous membrane adhering to the clitoris. After it is properly loosened, it is usually necessary either to slit the prepuce on the dorsal, or amputate it, great care being exercised that too much shall not be taken away. When the hood is slit the two mucous membrane edges should be carefully drawn together by a very fine needle and catgut, then thoroughly dried, and with the thumb and finger the hood drawn back as far as possible and a thin layer of collodion dropped or poured over both clitoris and hood. This filmy covering will remain several days, when it will come off and leave the part in perfect condition. If the epithelial layer has formed the hood will not grow down to the clitoris again. I will try to formulate these thoughts in a more systematic manner so they can appear in the journal. (Applause.)

The President: The remarks of Dr. Muncie are before you for discussion.

Dr. Johns: As to the application of collodion, don't you think if you put that on you will have a severe adhesion, doctor? That stays there and keeps it down very tight. I think it might give them fits sure enough.

Dr. Muncie: The collodion does not adhere to the membrane as it does to the cutaneous surface, and it gives the patient no inconvenience. When you apply it, however, you should look out for your anesthetic, for no matter how deeply asleep the patient is, it seems to produce a shock. We have used this method two years and it is satisfactory. It is so much more comfortable for the patient than to have the prepuce retracted and treated each day. With a child it is almost impossible to keep it properly retracted until the normal epithelial layer has formed, unless collodion is used.

Dr. Young: I would like to say a word in reference to loosening the hood of the clitoris. Dr. Muncie spoke of loosening it with the closed point of curved scissors. I think that is an improper instrument. There is an instrument that dentists use for loosening the gum down around the teeth, a little instrument that probably sells for 40 cents.

I would hardly know how to get along without that instrument. (Holding up an instrument in his hand.) I not only use it in loosening the hood of the clitoris but also in circumcision of little boys, and it is the best instrument for that purpose I have ever seen used. I was glad to get the idea from Dr. Muncie of putting on collodion. That is another good idea.

Dr. Smith-Eaton: This is a line of work which I am doing very frequently, as my work is chiefly with girls and women and it has been a great puzzle how to manage the clitoris. I cut it very short,—I remove more than Dr. Pratt does,—I don't mean to criticise him, but I find better results with the work in my own cases when I remove more of the hood than I have seen Dr. Pratt remove, and I leave the base of the clitoris barely covered; I place three stitches, one stitch in the sulcus around the corona of the clitoris and one on either side, and tie them; the stitches are parallel to the clitoris and merely serve to separate the raw surfaces from where the base of the hood was; these stitches are of rather coarse silk and they simply keep the parts separated. It isn't as pretty a thing to do as Dr. Muncie's, but it has served me; I remove them in two weeks.

Dr. George: I am very glad to have heard this paper by Dr. Muncie, because this is a subject of which I and others have not sufficient knowledge as to the necessary work to be done in these cases. Last night, a few hours before I started for Chicago, a man came to my house very much excited and said he wanted to consult me; told me about his sister who had bronchial trouble, been losing flesh; a prominent physician had been consulted and had advised her to go to Phoenix, Arizona, and she had gone. He said she was getting better. I said, "Has she gained flesh?" He said, "No. Temperature was 100, pulse 90, more or less cough." He said the physician who sent her there said she had irritation of the bronchial tubes; but there was a physician there whom she consulted. He had a letter from the physician; she had said to her brother that she would have the physician explain her condition, she couldn't do it—she was about eighteen. This doctor had examined her lungs, taken her temperature, pulse, etc., and insisted on an examination. He had her return to his office in company with a lady, and he found a badly bound hooded clitoris; also found ulcers on the womb,—when he said that I thought he was mistaken—and following that he said, "That is a very rare thing,"—then I thought he might have found something of the kind. He liberated the clitoris, and he didn't describe it in detail, and then he said, "As to the result, I will let your sister-in-law state." He was greatly excited, because this old school physician had told him it was nonsense, she had a bronchial trouble, she needed to go to Arizona for change of climate.

He said he believed this physician was a scoundrel. I told him I believed he was an honest man from what I had read, and I described it as best I could, and he was somewhat pacified. He said he charged \$25. I consider that a very modest sum with all those things to contend with.

Dr. Curryer: I'd like to ask Dr. Muncie if she had any trouble with the stitches before adopting the collodion?

Dr. Muncie: You mean the stitches, such as Dr. Eaton spoke of?

Dr. Curryer: Yes.

Dr. Muncie: I did not perfectly comprehend Dr. Eaton's method of inserting the stitches. I always stitch the mucous membrane to the integument, and slit the hood on the dorsal, placing the fingers on either side of the hood it is laid right open; it is perfectly exposed; drawing the edges together, the same as in circumcision of boys, with a very fine needle—finer than any man surgeon ever uses; it is the finest made—it is the Hagedorn—and the instrument makers and supply men will tell you there is no such fine needle, but if you will persevere you will find one as fine as a cambric needle; then with oo catgut you can make fine, pretty stitches.

Dr. Curryer: Why do you use catgut instead of silk?

Dr. Muncie: I never use silk. Dr. Eaton it was who spoke of using silk to keep the surfaces separated.

Dr. Curryer: That part of the talk has been quite interesting. I have often had difficulty in breaking up adhesions and in preventing adhesions. Now if the collodion will do the work it seems to me the easier way, but with the stitches I have had good results.

Dr. Replogle: My method of operating on the clitoris is by using the T-shaped forceps in the first place and breaking up the adhesions with my thumbs, then placing the V-shaped instrument, push it under the mucous lining and cut on both sides about the same as Dr. Pratt did to-day. Then sometimes I take one or two stitches with fine silk—if there is too much separation I stitch, but very seldom. Then I allow the cut to heal, but first I put a little silk right over the wound, and leave it there. I don't remember that I have ever had any trouble about adhesions afterward; don't think I did. I leave it alone—don't interfere with it. I have examined a number of clitorises after the operation and found no trouble. While I am here I want to say that I had a case of chorea, a girl sixteen years old, who had been to Dr. Hammond, of New York, and I think some other specialists. One day her father came to me and wanted to know what to do with Emma, saying, "She is getting so we can't do anything with her any more." She wasn't allowed to be on the street—really idiotic. I told him to try orificial surgery. Of course I explained it. He didn't think

there was anything in it. A few weeks after he came to me and said he had concluded to have me operate on the case. I dilated the rectum, did a little work on the rectum, dilated the uterus; I think I curetted the uterus, I am not certain. I had no trouble with the anesthetic until I touched the clitoris. The moment I touched the clitoris the girl came very nearly jumping off the table, although they thought she was in a profound sleep. I removed the hood, amputating as usual. In six weeks the girl was as well as she had ever been and went to school, and now is married and a mother. My impression is there was nothing in the world the matter but an adhesion of the clitoris, and just the removal of the clitoris was what cured her.

The President: If there is nothing further in this bureau, we will proceed to the bureau of gynecology. In the absence of Dr. Kinyon I will ask Dr. Kreider to take charge of this bureau.

THE ORIFICIALIST THE IDEAL GYNECOLOGIST.

J. W. MEANS, M.D.

TROY, O.

Gynecology is a compound word of Greek origin, meaning a discourse on women; or, more specifically, a physician who treats diseases peculiar to the female, is called a gynecologist.

An orificialist is one who treats all the orifices of the body, whether that body be male or female, and indirectly covers the ground of the gynecologist in all its phases and a great deal more.

Orificial philosophy is a term as broad as the universe, limitless, boundless in its scope; consequently the orificialist is a gynecologist of the advanced type, endowed, like the astronomer, with a telescope of wondrous magnitude, that penetrates the mists of ages and explains phenomena heretofore incorrectly interpreted.

The successful gynecologist recognizes the fundamental principles of the orificialist and his success is in direct ratio with the aptness of their application. Wherein does woman differ from man, that she should be the subject of special thought? Both have a cerebro-spinal and a sympathetic nervous system, with their stations and sub-stations, generating dynamo and distributing mains, and a grand central depot for the reception of all peripheral impressions. What matter whether the impulse comes from an irritated uterus or an irritated prostate gland? The study of the reflexes alone has opened the eyes of the medical world, and paved the way for a higher plain of thought. Materialism in medicine is rapidly passing away—a thought will stop digestion—the will power will restore it.

Are we becoming more expert in the treatment of diseased condi-

tions? Medicinally, we are floundering about like a bumble-bee in a glass jar—we can see light beyond but cannot quite span the chasm that lies between. The trocha that prevents the onward march of progress is not one of barbed wire and bramble bushes, but the almost impenetrable darkness then envelops ignorance, prejudice and superstition. The world is slow to grasp great truths. The present generation will pass away without having fully comprehended the great truths uttered by Dr. Pratt in reference to the relation that the normal condition of the orifices of the body bears to health, or *vice versa*.

We are here to-day to make known to the world the advantages derived by the human family from the intelligent application of orificial treatment for chronic diseases, and the far-reaching consequences resulting from the more thoroughly impressing the modern gynecologist with the methods and clinical victories to be gained by adding to their armamentarium the known facts gleaned from the experience of a host of orificialists.

But a few years ago, in fact, the practice is still extant in some of the remote provinces of the east, the operation known as trachelorrhaphy was performed without removing the cicatrical tissue or even dilating the internal os—circumcision of the male for marasmus, diarrhea, defective nutrition, and many other affections known to the orificialist to be of nervous origin, was considered a fad, too fanciful to merit consideration. But when circumcision of the female was advocated, that portion of the medical fraternity whose horizon is circumscribed by precedent, rended the air with blasphemous expletives in denunciation of this pernicious theory.

Truth is a vegetable of slow growth; but it requires only time to demonstrate its supremacy. Fads in medicine come and go; they are necessary evils. They more clearly demonstrate the axiom that the shortest distance between two points is a straight line. Fads decrease in brilliancy inversely as the square of the distance. Yet they leave an impress indelibly stamped upon the pages of time. Even anti-toxine, although defined by a noted M. D. as "a combination of tainted horse water, carbolic acid and superstition," has served a good purpose. It is an advanced idea, and serves to attract attention to the narrow rut in which the treatment of diphtheria has been conducted for centuries.

The orificialist is the ideal gynecologist, because he believes that life is a result of harmony; that the whole economy of man is affected more or less by the occlusion of one capillary—that disease is perverted function, and not the "*materies morbi*" of ancient writers. Pessimistically considered, there are five grades or classes of medical men, who look upon the theories advocated by Dr. Pratt from as many different

standpoints. The vast majority of them view and comprehend the subject as promulgated by its founder with as much exactness as did the six blind men view the elephant. The particular standing of each class may be expressed in the following terms:

Class 1. Those who know nothing at all about the new theory, but are willing to wager their reputation that there is neither truth nor common sense in it. They belong to that reactionary class of individuals to whom a change is death. They have become so accustomed to the Egyptian darkness in which they have floundered for so many years, that the dawning light of the twentieth century inflames their eyes, and the dazzling brightness of a mighty truth is regarded only as the transient flash of an *ignis fatuus*. They survive only to deny, and the last gasp of an expiring vitality is expended in a feeble kick. They will wake up in the spiritual world denying that they ever lived on earth and will forever be found among that large element of retrogressionists that contract mentally and spiritually "*ad definitum*."

Class 2. To this class belong those who think that orificial treatment consists only in dilating the rectum and in clipping off any protruding piles, that may be in view. The local irritation is the guide to the operation. They are more correctly called "pile doctors." They see no farther than the organic lesion of the immediate irritation of the parts. The great field for orificial work lies before them but they fail to interpret the manifestations of nature's demands.

Class 3. The members of this class are somewhat in advance in ideas concerning the scope and extent of orificial treatment. They include the uterus, male and female urethra, as well as the rectum. They believe that the lower orifices of the body sustain the great wear of the system and consequently all disabilities of a chronic nature have their origin in said organs. When they fail to relieve some remote reflex symptom because they have not applied their treatment to the proper organ, the failure is attributed to the inapplicability of the new theory rather than to the short-sightedness of the operator.

Class 4. To this class belong but few. They advocate the theory of correcting all the visible outlets of the body for the relief of reflex symptoms. The nares, throat, tubes and ducts, as well as the lower orifices receive their attention. They have a comprehensive view of all the complex distribution of the minute nerve fibers, and see with a scientific eye, the delicate structure of the brain and how an irritation or occlusion of some orifice may cause abnormal manifestations in a remote organ.

Class 5. To this class belong the Websters, the Clays and the Blaines of the medical profession. They lead the van. They are guided by a higher and loftier spirit—the gross materialism of the world is sup-

planted by a keen perception of nature's great laws. The organism of man is viewed from a lofty standpoint. The functions of every organ are understood. They reason from cause to effect. Their power of vision is enlarged just as the astronomer is enabled to scan the heavens and discover new stars by the aid of his telescope. Pain to him is the language of perverted function—it is caused by a want of harmony in the rhythmical action of the nervous fluid. They recognize the small nerve filaments, so small that 40,000 of them can lie side by side in the space of an inch, terminating in the capillaries of the body and which signal to the central station any deviation from the normal caliber of each and every capillary that may be, by obstruction or perversion, unable to perform its whole duty.

Eleven years have now passed since the organization of this society. Well do I remember the boundless enthusiasm, the ardor, the fervency, and almost a frenzy, that pervaded the meeting. New territory had been found, rich deposits of rare value had been discovered, and when the bars had been removed, a host of anxious workers leaped forth, like hungry cattle into a blossoming clover field, to apply the new theory to the advantage of mankind. Some, like the cattle in the clover field, floundered; others overloaded themselves with glittering generalities and fell by the wayside, unable to extricate themselves from the mass of rubbish acquired. A few have scaled the walls and planted the insignia of our faith on the Morro Castle of the enemy and there it will remain.

The President: The paper of Dr. Means is before you for discussion, and as the hour is getting late, I'll ask you to be expeditious.

Dr. Curryer: Mr. President, I endorse the paper.

The President: Is there any other discussion upon this paper of Dr. Means?

Dr. Replogle: It is too good to be discussed.

The President: It is unnecessary to say that Dr. Means is from Ohio, and it is also unnecessary for me to say that Dr. Means has been one of the first and best workers in this society. (Applause.) And it is also unnecessary for me to say that I believe this to be the culmination of years of practice, thought and conservative methods well applied.

Dr. Kreider: The next is a paper by Dr. Cora Smith Eaton, entitled

THREE HYSTERECTOMIES.

CORA SMITH EATON, M.D.

MINNEAPOLIS, MINN.

These cases are presented for two reasons: because the first two cases are extreme types; and because the third case, by contrast, shows the advantage of the vaginal over the abdominal route.

Case 1, Uterine Fibroid.—Mrs. W., telegraph operator, first seen September 15, 1897: age, 49½ years; weight, 165 pounds. Plethoric habit, face flushed; married fifteen years; menses began at seventeen, stopped at thirty-nine; regular, never excessive; never had hemorrhage, but if she gets over-tired has a slight flow; frequently has muco-bloody discharge. Has known she had a tumor for twenty years. It grew for five years, till it became size of six months' pregnancy, then stopped, and has remained stationary for fifteen years. Surgeons consulted have always refused operation. Pressure symptoms marked—backache sacral and between shoulders, very severe occipital pain, headache on least exertion, eyes very sensitive to light and sees poorly; dragging pain in groins; frequent urination. Bowels regular. The patient suffers so much from pressure and from nervous symptoms that she prefers the probably fatal outcome of an operation to continuing as she is.

Examination showed a large nodular fibroid uterus rising a little above the umbilicus, larger on the right side, hard, movable. The clitoris was one-third adherent, hood long and full, labia minora long, cervix normal except for a slight scar as from a recent ulcer. The sound enters only two inches as the canal is distorted by growths. The urinalysis showed thirty ounces in twenty-four hours, specific gravity 1018, sometimes a bare trace of albumen, at others none. Dr. Margaret Koch and Dr. George F. Roberts, both of Minneapolis, in counsel, advise hysterectomy. After a few days of central galvanism and faradism, the patient went to the Northwestern Hospital for operation. On the morning of September 27, with Dr. H. C. Aldrich as anesthetist, using chloroform, and Drs. Roberts and Koch assisting me, I performed abdominal hysterectomy. The incision was in the median line and extended two inches above the umbilicus. The tumor proved to be nonadherent, but at first sight it looked as if the small intestine were matted down upon it. These loops proved to be enlarged veins and folds of the broad ligament. The right side, which had been the worst symptomatically, proved to be the worst pathologically. The right ovary was four times the natural size, and cystic, the right tube four inches long and supporting many cysts size of a pea. Left tube normal and left ovary still had some normal tissue. The ovaries and tubes were dissected up and left hanging to the fibroid uterus, the gaps in their ligaments being at once sewed together by a continuous catgut suture. Separating the uterus from the broad ligaments proved very difficult because of the venous hemorrhage from sinuses larger than the finger. These penetrated to the body of the uterus and deep cutting could not avoid them as it would the arteries. A ligature around the cervix controlled the hemorrhage. The cervix was amputated by the flap method and the pelvic floor closed by a continuous catgut suture with

an extra loop around the small arteries and a separate catgut ligature around the right uterine artery. The abdomen was closed with three rows of catgut sutures and six deep relaxation sutures of silkworm gut. The tumor weighed ten pounds, and after removal was boggy because of the network of sinuses through it. The uterine canal was five and a half inches deep, and tortuous. The only accident during the operation was that in gripping the cervical flaps with forceps, some of the gelatinous mucus in the canal spurted out and possibly some fell into the pelvic cavity.

The patient rallied well, with no evidence of shock, and progressed favorably for six days. However, on the fourth day there was a red papular eruption all over trunk and thighs. On the fifth day the urine was very dark, and a bed sore was discovered. On the sixth day the urine was bloody and scant, the patient restless and delirious, wanting to go somewhere, and crying "Hurry!" with every request; bowels tympanitic, and much pain in abdomen; stools dark and offensive; respiration 42, pulse 120, temperature 101.8. Normal salt solution was used hypodermatically, three pints in all, with no apparent effect. In spite of all efforts of myself and counsel, on the ninth day the patient died. The post-mortem revealed no fluid in the pelvic cavity, but septic-peritonitis radiating from the cervical stump. The seams across the tubal and ovarian ligaments were perfectly united, but the cervical stump was easily opened. The kidneys showed acute nephritis, the right kidney slightly congested, the left deeply engorged and dripping blood on section.

Case 2, Uterine Fibroid.—Miss E. B., nurse; age, 37; small, frail woman, with tissues from which Dr. Pratt would have read a marked contrast to Case 1, atrophy vs. hypertrophy. Health has been failing for five years, since she spent a year in constant attendance upon a foster mother dying of cancer. Has noticed a hard lump in the lower abdomen the past year. Has no pelvic symptoms except a corroding vaginal discharge past two years; which no douching relieves. Her chief complaint is of dizzy spells, when she feels as if she would fall backward. Wakens in the middle of the night with this feeling. Has lost the sight of one eye from a nearly fatal attack of gonorrhœal ophthalmia contracted while attending a baby with that trouble. Hearing also is increasingly impaired and she is now very deaf. Has had recurrent attacks of boils in groin and axilla. Constipation at one time existed with bloating across transverse colon. History of spinal meningitis and now presents two deviations in her spine. She is almost incapacitated and, like Case 1, prefers death to such a life and welcomes operation. Examination shows in pelvis a nodular tumor, of stony hardness, size of a cocoanut, movable from above in right groin, where an extra

knob can be plainly felt. The vagina is almost raw from a corroding discharge and is so small and contracted that it barely admits the finger even at the top. Cervix small and hard, vaginal vault hard and contracted and immovable.

She received preparatory sigmoid treatments for six weeks. On February 16, 1898, at Maternity Hospital, Minneapolis, I operated upon her, Dr. Martha G. Ripley and Dr. Louisa M. Hayes assisting. Dr. Margaret Koch gave the anesthetic, first chloroform and amyl nitrite, later pure chloroform. From the first the patient took the anesthetic badly and we did not think she would live through the operation. Free stimulation with strychnine and nitroglycerine was necessary, and but for osteopathic movements for breathing and to stimulate the pneumogastric nerve, these would not have availed. She was either too actively resisting or else she was over the danger line, and the operation was much delayed. However, I succeeded in removing by the abdominal route, a hard uterus, nodular with intramural and subserous growths. The *modus operandi* was the same as in the preceding case, and the tubes and ovaries were dissected and removed still attached to the uterus. The specimen weighed three pounds. Many of the nodules were calcareous, others like gristle. The conditions were in every way opposite to those in Case 1. Everything was contracted and it was with the greatest difficulty the parts could be reached. The effort was made to free the cervix *per vaginam*, but the parts were so small and so sensitive and the state of anesthesia so unsatisfactory that this was abandoned, as was also the attempt to make the hysterectomy complete from above. I was obliged to amputate the stump as in the previous case.

Before the patient awakened strong suggestions were given her of "No pain, no nausea, no trouble to pass urine, no headache, etc., will feel well and happy." Nearly all the suggestions were faithfully carried out by the patient, and to our great surprise, even her hearing was restored completely. However, she died after seventy-two hours, having never completely rallied from the shock which was so marked during operation. The post-mortem showed no sepsis, all parts looking well.

Case 3, Ovarian Cyst and Fibroid Uterus.—Mrs. S., housewife; age, 49; sent to me by Dr. Nettie Wheelock. One child twenty-six years ago, very hard labor and never well since. Sleep fitful, nervous, headache frontal, burning pain in abdomen, worse left side, bearing down pain, sometimes irritation in bladder, slight constipation, still flows regularly and freely with some pain in sacrum and legs. On examination I found retroflexion, endometritis, uterus three one-half inches deep, lacerated cervix and ruptured perineum. The hood of the clitoris was long and adherent. In vagina on left side of cervix was a mucous cyst size of a pea, on right side a polypus one inch long. These were at once re-

moved. Advised operation for cervix and perineum. Later, when she was under anesthesia for this work, bimanual examination revealed a small ovarian cyst, high up on left side, not observed before because of the retroflexion and the adipose tissue on abdomen. Simply a curettage was done, and a few days later, December 1, 1897, at Maternity Hospital, I made a vaginal hysterectomy, removing also tubes and ovaries. The ovarian cyst was enucleated by the finger with no hemorrhage. Dr. Koch gave pure chloroform, Drs. Aldrich and Hayes assisting me. No artery was cut except a tiny sprig in one ovarian ligament, and all went well. The right ovary was much enlarged, cystic and friable. It showed the corpus luteum of the last menstruation. The left ovary was a multilocular cystic tumor, adherent to pelvic walls and viscera. The largest cyst was size of a tangerine orange, the next as large as a walnut and many smaller. The uterus had a small fibroid, size of a hazelnut at junction of right tube. Dr. Pratt's method of closing the openings in the peritoneum as fast as parts were removed, was followed. The broad ligaments were not sewed to each other, however, nor the pelvic floor nor vaginal vault closed at all. The pelvic opening and vagina were loosely packed with five per cent iodoform gauze, which was left for twenty-four hours. There was serous drainage for forty-eight hours, after that very little. The seams on the stumps of the broad ligaments sloughed off clean after a few days, with no rise of temperature. Patient made an excellent recovery, upon the sixteenth day; home on the twenty-third day. The vaginal vault is a perfect sac, and the scar at the vault can scarcely be found, being no larger than a pin head.

Queries.

1. Might not Case 1 have been saved had the cervix been first loosened from below and the hysterectomy been made complete?
2. Was the nephritis due to the sepsis, or was it due to sudden removal of pressure which had existed for twenty years?
3. Was the deafness in Case 2 relieved by removal of tumor, or by suggestion?

Dr. Eaton: Dr. George did us all a kindness when he encouraged us to report our failures, and I have reported some that I would like to have some light on.

The President: The paper of Dr. Eaton is before you for discussion. Is there anything you have to say?

Dr. Replogle: I'd like to ask Dr. Eaton whether it wasn't possible in the case of the first for the ureters to have been injured?

Dr. Eaton: Possibly; but it wasn't done, as I made a careful search for them afterward in the post-mortem.

Dr. Replogle: All I would suggest is removal of the cervix.

The President: I'd like to ask, did you make an examination of the urine?

Dr. Eaton: Yes; I made a report of it in the paper; no trace of albumen. In one there was a bare trace of albumen. I never saw a post-mortem where kidneys dropped blood on being cut—dripped as from a sponge.

The President: My observation has been where there is a disposition to marked albumen, as you had, there is a greater liability to absorption than any other cases we have to do with, and if this discharge from the cervix came in contact with corpuscles of that kind the absorption would be more rapid and the danger greater. I don't believe there was anything that would have saved that woman. I think the operation was done as well perhaps as it was possible to do it, and I, from my own standpoint, could not offer a suggestion.

A Doctor: Don't you think it would have been better to take the cervix from below?

Dr. Eaton: It is a question in my mind whether that would have been better. It seems to me the constitutional effects had already left a mark there that developed into the conflagration that consumed it.

Dr. George: Don't you think that was malignant?

Dr. Eaton: I would have thought so,—more in the second than in the first.

Dr. Curryer: Mr. President, owing to the lateness of the hour, I will say only a few words. We should certainly commend Dr. Eaton for her courage. I think she is the only one that had the courage to report unsuccessful cases; she deserves credit. I have no criticism—it is a question if she had left the wound open and treated the first as she did the last, given free drainage, whether it would have resulted favorably. No one can tell. She certainly merits the commendation of this society.

Dr. Means: I'd like to know if these were consecutive cases?

Dr. Eaton: No; I picked them out.

Dr. Means: Extending over what period?

Dr. Eaton: A little over a year.

Dr. Means: These two represented the mortality?

Dr. Eaton: Oh, yes; these two were the only fatal ones. I picked them out. I never lost but three surgical cases in my life.

A Doctor: In giving the salt solution, did you have any trouble afterward—soreness?

Dr. Eaton: The patient complained at the time it was given of the soreness. She wasn't in condition to complain afterward.

A Doctor: This suggestive treatment, is it made before going into the anesthetic sleep?

Dr. Eaton: No; given just before they come out of it, when they are apparently under the anesthetic, and continued till they can speak. We have had some very, very interesting things happen us in that line.

Dr. Curryer: Did you give Epsom salts?

Dr. Eaton: No; this was the normal salt solution, not the Epsom salts.

Dr. Curryer: It has been my practice where threatened with hemorrhage, to give them Epsom salts, teaspoonful every two or three hours in hot water, and continue till you get relief. I get good results with Epsom salts.

Dr. George: My experience with suggestion reminds me of a friend of mine in Indianapolis who went to Porto Rico. On board the ship a great many were sick, and one of the boys, a young Irishman, was sitting with an arm on the rail with every indication of seasickness. My friend said he thought he would console him, and he went up to him and said, "Comrade, you have a weak stomach." "A weak stomach? Oh, I don't know. I'm throwing about as far as any of 'em."

The President: If there is nothing further on this paper of Dr. Eaton's we will hear Dr. Kreider's paper.

Dr. Kreider: Dr. Eaton gave us some failures. I'm going to give myself dead away.

SOME EXPERIENCES.

M. K. KREIDER, M.D.

GOSHEN, IND.

This is not a challenge, but I will venture to say that there are no surgeons in this association to-day but could give some experiences that are at the same time both ludicrous and instructive. Ludicrous, from the fact that notwithstanding the ridiculousness of the affair, the physician or surgeon oftentimes makes an ass of himself in the attempt to hide his error. Instructive, by reason of the fact that an error is not likely to be repeated. We profit by our errors. We flee from the errors of our way and learn wisdom.

In my early practice I was called to see a woman aged forty-two years, whose previous health had been good. She had been regular up to a few months before I was called, when her menses stopped and never returned. She complained of backache and pain in her ovaries. Her stomach and head felt badly. She thought on account of her age the "change" was on the way, and her bad feelings were due to the sudden cessation of the menstrual function. I made a thorough examination bimanually and with speculum. I suspicioned pregnancy; but on account of her age, and the fact that her last pregnancy

dated back fourteen years or more, I hardly thought it probable. However, I asked her if she did not think that might be what was the matter with her. She thought not, as she did not feel as she used to in her former pregnancies, and she did not think it possible on account of her age. So I dismissed that idea, and watched the case carefully, prescribing the indicated remedies, and giving her an occasional local treatment. As the weeks rolled by I detected a tumor growing in the region of the uterus, probably an intra-uterine fibroid. It seemed too solid to be cystic. I made my visits at intervals of once or twice a week, so as to keep myself and the family posted as to the development of the tumor. About the sixth and seventh month I became alarmed at the size and growth of the tumor. At intervals it moved about, and formed itself into a solid mass or round body not unlike a cannon ball. I then called counsel at two different times. Both physicians made careful examinations and, in the language of Prof. Danforth, "looked wise and spoke doubtful," again leaving me alone to battle with the tumor. At the end of the ninth month of my patient's illness, I sat in my office one evening pondering over the great deeds I had done during the day, and wondering how it was possible that I could hold the confidence of my patient in so desperate a case, especially in a case of tumor that had expanded so amazingly during the last three months. Just then I heard footsteps coming hurriedly up my office stairs, and my reverie came to a sudden halt, when the messenger said, "Doctor, hurry up, my wife is in great pain; the water has broken." I just then felt a peculiar sensation, something like the floor giving way beneath my feet, with slight tingling of the finger tips. I had to face the music, and hurriedly went to the house which, with "white lips and bated breath," I entered. The tumor was born, and I, like the dutchman, didn't know if it was "Yaccob vot is living or Hans vich is dead." I lived through it, however, and would have come out of it a hero, had I not in my desperation made a fool of myself by calling counsel at the last.

This case, coming as it did early in my practice, no doubt saved me from other gynecological and obstetrical calamities. It completely brushed the cobwebs and sandpapered the scales from the obstetric sulci of my brain. I never after that had the least fear of making the deplorable error of cutting down on the impregnated uterus. This nine-month tumor has now grown up to be quite a lad. I have watched his progress in life with considerable interest. Thus far no visible peculiarities or idiosyncrasies have arisen as a result of antenatal maternal impressions. He will no doubt pass through life unscathed so far as his mental birthright is concerned, not needing a label with the inscription "I am not a tumor." This young man no doubt passed the danger line by reason of his early development. If it had been his *misfortune*

to crystallize in these progressive days of gynecological surgery, a label would probably have been his only safeguard. I am reasonably sure that all such tumors should be entitled to the same precautionary measures at least as is enjoyed by their dignified stepfather, the appendix. I recently noticed an account of one whose idea was that in case he was taken ill away from home, and became unconscious, the physician in whose hands he fell should not perform an operation of laparotomy upon him; so he took the precaution to have printed upon his shirt front, "My appendix is cut off."

Talking of maternal impressions, I had a little experience in that line also in my early practice. I was asked by a very matter-of-fact mother to tell her the sex of her child then five months in gestation. She was the mother of one daughter and two sons. They were good children. This one, however, was to be the model of perfection. It was to receive special antenatal instructions through maternal impressions. If I decided it was a boy, he was to be impressed with ideas that tend to make him a perfect boy, and grow up to be a man in every sense of the word. If on the other hand I named it a girl she was to receive the impress of a perfect little lady, and grow up to be an honor to her sex and family. Now this was all good so far as the fond mother was concerned, but it placed me in charge of the whole responsibility. I put her off a month, then listened for foetal heart sounds. The mother was getting anxious to get in her work. The heart beats, as near as I could determine, were 140 per minute, and I pronounced it a girl. The mother began the impressing act forthwith.

In due season I was called. A boy was born, and I did comparatively little business in that family ever since. The young man shows no signs of effeminacy. So I consider the mistake harmless.

I have never tried the experiment since then. It is a matter of doubt at best, and of very little practical utility. * The chances are equal, however, and you can only miss it by one count. It reminds me of the two darkies who met one morning. One said to the other, "Sambo, we had something at our house last night. You can't guess what it was." "Yeth, I can; it wath a boy." "No, thir; guess again." "It wath a girl." "Yeth; but some nigger has been telling you."

A Case.—Fifteen years ago I was called to see Mrs. F., who was bed-fast, and supposed to be dying with a tumor. Six physicians had examined the case at different times, and all agreed that it was a tumor, but differed somewhat in regard to the variety. One thought it was a bloodclot in the uterus (way off); others called it a fibroid. Finally the case was left in the hands of the old surgeon of our city, who made arrangements to remove it, for the consideration of one hundred dollars. Mrs. F. being a widow with very limited means, depended on

her three married daughters to furnish the exchequer, which was a little slow in coming in. In the meantime I was called. I was the seventh physician called to diagnose this wonderful case. Number seven is a remarkable figure in history. "The seven Roman candlesticks," "the seven wonders of the world," "Rome, that sat on her seven hills, and from her throne of beauty might have ruled the world," etc. I found the abdomen greatly distended. I could outline a tumor that was very irregular in shape. It was solid like a fibroid. It was a solid mass that extended across the abdomen in the line of the transverse colon, but so large that it filled almost the entire abdominal cavity. In my examination I dislocated a portion of the tumor from the main body. I pronounced it an extreme case of fecal impaction, and curable without a laparotomy. I was therefore employed to remove the debris, which I did by inserting a large gum catheter into the colon, and from a syringe gave a liberal flushing with a mixture of oil, glycerine and water. The operation was a little painful, but by exercising caution, and giving the work a liberal supply of time, she was served to nearly a gallon of the liquefier. The flushing was done in the evening, and got in its good work during the night. The next morning I anxiously visited my patient and found my labors rewarded with a bountiful harvest. I struck a rich vein. The report came that a patent pailful of all manner of stool passed her bowels that night. There were solids and liquids, slugs, plugs and balls, soft, hard, smooth and irregular. It took three weeks to entirely empty her bowels of the impacted mass. Every vestige of this remarkable tumor had now disappeared. She was confined to her bed for six more weeks, before being able to be up and about the house. She soon regained her original health, and is a well woman to-day.

I report this case as a very remarkable one on account of the enormous distension of the bowels by impaction, and in evidence of what has been said and taught before the respective classes in orificial surgery from year to year, that the worst cases of constipation may be complicated with diarrhea. A very misleading symptom.

The President: The paper of Dr. Kreider is before you. Dr. Kreider, as we all know, is from Indiana.

Dr. Kreider: Was born in Ohio. (Laughter.)

A Doctor: And after hearing that Dr. George has used a pyramid of Egypt in doctoring one of his patients we are not surprised at finding such large quantities of matter in one of Dr. Kreider's patients.

Dr. George: I think the doctor was a little like an Irish lady who went to the doctor and wanted a good cathartic, something that would move her. She came back the next morning and said to the doctor,

"It was foine, it was foine; had a whole half tub full." "Surely, you are mistaken," said the doctor. "No, sure, I ain't—but most of it was wind, doctor."

Dr. Curryer: I want to praise Dr. Kreider for his courage to tell of failures. I enjoyed his paper.

Dr. George: The first case where he didn't remove the tumor reminds me of a pair of doctors in Ohio who made a specialty of uterine diseases, laparotomies and so forth. Two ladies were walking along the street one day, and one of them, looking up, saw one of these doctors coming; she said, "There comes Doctor ———, hold on to your ovaries." (Laughter.) This pair of famous doctors were operating a short time ago and performed a laparotomy, and got the abdominal cavity open and reached in and got the tumor and was going to proceed to take it away when another doctor, who was there, says, "Hold on, doctor, that is the bladder." He said, "No, is it?" He had hunted and found no other tumor, and had to close up the abdominal cavity.

Dr. Hubbell: That reminds me. I was attending a clinic a little while ago, and the professor was to diagnose whether the woman was pregnant or not. He said those intending to be physicians ought to be able to make a correct diagnosis in case of pregnancy and tell whether there is pregnancy or not. He says, "We have one positive sign." We all anxiously waited to hear what that was. He said, "It is a bloodless (?) condition of the vagina,"—could always tell by that. I remarked to my friend I would laugh if the doctor would fail on that subject. He did, and he couldn't tell whether that woman was pregnant or not, and told her to come again in three weeks.

Dr. George: These diagnoses make me think of a case that came up. A man came to me four or five weeks ago and said his niece had a tumor—some kind of pelvic abscess;—that they had a young physician, and he said anyone would know what it was. He was very positive. It was a tumor. I think this thing of making a positive diagnosis is a snare and a delusion; the more reliable a doctor is the more careful he is. I am reminded of that man who was sick and had a consultation of several physicians, but he had his colored man under the bed to hear what was said. After the consultation was ended and the physicians gone, he called his man and said, "Sambo, I want you to be very careful—tell just what they said." He said, "'Fore God I can't tell yo' all dey said; but I can tell you one thing they did say: they said the post-mortem would confirm the diagnosis."

Adjourned to Thursday, September 8, at 3 o'clock p. m.

THURSDAY, SEPTEMBER 8, 1898, 3 O'CLOCK P. M.

Convention convened. President Sawyer in the chair.

The President: I would like to ask if any of the committees are ready to report? Is there any new business?

Dr. Means: Before we commence the regular program, and inasmuch as the president of this society recommended that the Executive Committee select chairmen and secretaries of the bureaus whom we shall have for the next year, I move that the president appoint a committee of three, if the Executive Committee is not here, to select chairmen and secretaries of every bureau that will be represented here next year. This will save a great deal of correspondence that the secretary complained about, and it is best that the bureau officers take up the subject of each bureau and know what is going to be done.

Motion seconded and carried.

The President: I will name Dr. Means, Dr. Johns and Dr. Kreider as the committee with that purpose in view, and I will ask the gentlemen to make their report as soon as possible so that the announcement can be made before this session is over.

Dr. Means: I wish to ask further, is it expected that bureaus of this year, Orificial Philosophy, The Newer Methods, After-Treatment, Nervous Diseases, Gynecology, Surgery, and Miscellaneous, be continued?

The President: The plan adopted this year is similar to previous years, and by dividing the work in this way we have been able to bring out the different phases of the work and we have found it a very good plan. If this committee, however, can suggest a better plan we would be glad to accept it, I am sure, as a society. It requires a promise of about thirty-six papers to get twenty papers, the presence of whose authors you can count upon—that is about the average, and with the secretary and chairman each having a paper, and with four other members in every bureau promising a paper, with the six sections into which it is divided, we have ample material, and unless there is some better plan that can be suggested we would have you operate on the plan of preceding years.

If there is nothing further in the way of general business before the convention at this time, we will proceed with the consideration of the Bureau of Surgery, Dr. A. Rhu, of Marion, Ohio, chairman. Will Dr. Rhu take the chair?

Dr. Rhu: The first paper "Manifestation of Shock," by Dr. W. T. Gemmell, of Forest, Ohio. Is Dr. Gemmell present?

Dr. Costain: Dr. Gemmell is not present.

Dr. Rhu: The next is by Dr. H. E. Beebe, of Sidney, Ohio.

ETIOLOGY AND PATHOLOGY OF SURGICAL SHOCK.

HENRY E. BEEBE, M.D.

SIDNEY, OHIO.

We understand surgical shock to be the sudden primary constitutional symptom of a wound, that peculiar more or less profound general vital depression of the nervous system or life force, so commonly excited reflexly by injuries involving a shaking up or contusion of the sensitive nerves. Its etiology is quite discernible, but its pathology cannot be so easily determined by the ordinary methods of investigation, since so little pathological change, due to the collapse, is visible. A multitude of symptoms, evidently dependent upon a slight morbid condition somewhere, is met without any well-marked diseased state being yet recognized, by the minutest examination so far conducted by the expert pathologist.

The etiology and pathology of shock or collapse, we believe, is best studied through our observations of its action on the nervous structures, mainly the organic system of nerves, because in shock there is a profound impress of the vital centers, shown mostly, upon the circulation, as a vaso-motor paralysis. Its phenomena are usually explained by the theory of reflex paralysis of the pneumogastric and splanchnic nerves, through mechanical irritation of the intestines, manifest by enormous accumulation of blood—temporary plethora—in the abdominal vessels. This crimson life fluid is abnormally distributed; while there is hyperemia in some parts, there is a contrasting anemia of others, particularly of the central nervous organs. The different grades of intensity of shock are quite distinguishable; the disturbance in circulation may be so great that the heart's action is interfered with and it may cease to beat, from cardiac paralysis, especially in anemic persons, death leaving no change which can be detected in any of the tissues.

Through the medium of the vaso-motor system there is a reflex paralysis, of sufficient gravity to account for all the symptoms manifest in persons suffering from shock; the marvelous effect of reflex action, both in health and disease, the exquisite mutual dependence of the various portions of the nervous system, cerebral, spinal and sympathetic, are here plainly seen.

Experiments upon animals show that the essence of shock is very properly considered, as a paralysis—a weakened, reflexly altered state of the vaso-motor center in the medulla oblongata—produced by a disturbance of the sensory nerves, impairing their physiological function, paralyzing them, whereby the vascular tone is disturbed, the lungs and brain are anemic, the arterial system is less full, there is engorgement

of the venous system, and the right heart becomes overloaded; all of which show the cause for the marked paleness, the coolness of the superficial portions of the body, the feeble pulse, the motor weakness, general vascular depression, etc. "It is almost an axiom, that irritations which induce sympathetic phenomena are generally reflex rather than direct."

In cerebral shock, best seen in concussion of the brain, where the circulation becomes so suddenly impaired, the impress may be strong enough to arrest the normal balance of the nervous system, thereby blighting the memory, so that a part of the patient's experiences, recollections and conceptions are forever lost, showing that there *must* be some little pathological change present. There are blots left unerased on the pages of this wonderful recording ledger.

While all the nervous manifestations of shock can be traced back to the paralysis of the vaso-motor nerves, produced reflexly by the contusions of the sensory nerves, this independence must not be alone considered, for at the same time no one questions but what powerful emotions, such as fright, grief, anger and the like, or even hysteria, catalepsy, and other physical disturbances, produce collapse similar to surgical shock due to physical causes. Both forms of shock are influenced by age, physical or mental conditions; persons are particularly susceptible where the vital forces are at a low ebb from whatever cause; also, victims of alcohol withstand shock badly. The same injury will produce different degrees of shock in different persons, and, various grades of it in the same individual, at different times.

Thus it is plainly seen that the vital powers, through the organic nervous system, govern shock, in whatever way we view it. The fact that in spite of the mutual dependence of the two nervous systems upon each other, under conditions of lesions of the brain or cord, the organic nerves can, and often do, act independently.

To sum up the cause and morbid state of surgical shock, about all we know certain is that the etiology is dependent upon the impairment of important physiological functions, and that the parts involved are disturbed functionally, rather than organically, although the distinction between organic and functional disease is but an unscientific method of expressing the thought. Therefore, we are seldom, if ever, able to discover any special recognized pathological anatomy resulting from shock, owing to the fact of this condition being so constantly due to reflex irritation of some of the ganglia of the great organic system of nerves. There doubtless is present some occult change in the equipoise of these ganglia, though apparently healthy, by the circulation of blood being altered from its normal standard. This necessarily changes, in some way, temporarily at least, the anatomy of the ganglia, even

though the pathologist, as yet, is wholly unable to demonstrate or recognize lesions, even microscopically. We believe there are changes, but they are so minute as to so far baffle the usual means of research, or so transient as to pass away before the possibility of post-mortem examination. But, be it ever remembered that the future has much that is new yet in store; there are many things in our studies to be discovered, and the absolute condition, the exact minute pathology of shock, is one of them.

Dr. Means: Mr. President, we are now ready to report the names of the chairmen of the bureaus: Orifical Philosophy, Dr. O. S. Runnels; The Newer Methods, Dr. F. E. Young; After-Treatment, Dr. L. H. Muncie; Nervous Diseases, Dr. H. E. Beebe; Gynecology, Dr. Cora Smith Eaton; General Surgery, Dr. C. E. Sawyer; Miscellaneous, Dr. A. Rhu.

The President: You have heard the report of the committee who were empowered to make these appointments. I would ask each chairman named to select his secretary soon in order that the secretary may be notified before the adjournment of this convention. We are now ready to hear discussion of Dr. Beebe's paper.

Dr. Costain: Mr. President, this paper is too important to go by without discussion. The question of differentiation of surgical shock is quite a point. Surgical shock has been made to cover everything which acts as a shock, after surgical operations particularly. Now hemorrhage, a small amount of hemorrhage sometimes, produces a profound shock on the patient and it is not due at all to the surgical shock; it is due to the hemorrhage, which is a point very often overlooked. I have in mind a few cases which we treated very carefully and stimulated very carefully for several hours to bring the pulse up to normal standard, and were unable to succeed. After awhile, by giving a hypodermic of ergot, we succeeded in a few minutes in bringing the pulse up, where we had tried hours by stimulation. Then, again, there is another that should be differentiated from ordinary shock, that is in case of sepsis. I believe the sepsis starts in immediately after the patient has been operated on and put to bed, not three or four days after, as is generally supposed. I have seen a number of cases of which I remarked when they were put to bed, "That case is going to have sepsis," from the conditions—if they were anxious, disturbed, made a good deal of fuss. And I have laid it to the fact it was a septic condition rather than shock, and the after effect has borne out my view at that time. This should be differentiated from the ordinary surgical shock spoken of.

The President: Any further remarks on this paper of Dr. Beebe?

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This subject of shock is a very important one indeed to us all. If there is nothing further we will listen to the paper of Dr. Rhu.

Dr. Beebe: I would like to say, the point taken by Dr. Costain is very good, but still it wasn't mentioned. The majority of our text books make that distinguishing feature and it would be taken under the symptomology of shock, and I was not discussing that,—merely the pathology of surgical shock. If I had been discussing symptomology, those points would have been considered. As regards the septicemia starting at once, that is a disputed point. There are some who cling to the same view held by Dr. Costain.

Dr. Weirick: Did Dr. Costain think there would have been any shock to those cases if there had not been any surgical operation?

Dr. Costain: Oh, no.

Dr. Beebe: In the sense that hemorrhage isn't particularly a surgical shock.

Dr. Pratt: In a case of cholera morbus, is there shock?

Dr. Beebe: It is one type of shock. Fright might be a shock.

Dr. Young: Speaking of the psychic feature of shock, as fright, reminds me of a very laughable incident—though it was not particularly amusing to me at the time. When I began practicing medicine I practiced with an old physician who had a large practice among the German people. I had seen him do a great deal of cupping; he had a regular tool chest, a lot of glasses and scarifying instruments. One day a man came in and said the doctor said I should cup him. We had a long bench in the office like a shoemaker's bench, so I seated this man astride of the bench, had two basins of water, one hot and one cold, and I seated myself on the bench behind him, got one cup ready—I expected to put on five or six cups—when all of a sudden he said, "Ich glaube ich falle in om acht." I didn't know then what he said, but I said, "What?" and he said, "Ugh!" and fell over on the floor, upset me, upset the water, threw the bench over, the tools and everything were scattered, and my patient was shocked! (Laughter.) I was somewhat shocked, too. I got up, looked at him and made up my mind he wasn't so sick that he would not recover, so I put the office in order. He came to, raised his head and said, "Was fahlt?" I understood that. I said, "Nothing fahlt with me, what's the matter with you?"

The President: The next paper is by Dr. Rhu.

TREATMENT OF SHOCK.

AUGUSTE RHU, M.D.

MARION, O

At the last moment I was asked to fill Dr. Russell's place, one of our talented and efficient surgeons, whose place no one can supply. I only hope to be in some measure equal to the occasion and present you a few thoughts on the subject of shock, which is in no sense intended to be scientific or obtuse, hence beg leave to ask your indulgence if my subject presentation prove somewhat brief, hurried, and desultory.

The subject of shock is ever one of interest to the surgeon as well as to the general practitioner. This condition of reflex physical depression or prostration, following serious trauma, may be a mere slight, temporary syncope, or faintness, or one up to a grave depression approaching death (where we obtain no reaction, in spite of all rational treatment). At this period, we are even now not absolutely certain concerning its true pathology. But we do know that shock is accompanied by inhibition of nerve activity, reflex paralysis, feebleness and inactivity of the heart, whether or not the heart is paralyzed or its vascular tonus inhibited, so that the vessels expand to their fullest and contain nearly all the blood which ought to be circulating through the heart, or both of these, would from a clinical point of view not matter much. It is further contended that the stimulation of the vasomotor centers, without consequent contraction of the arteries, is a primary effect only, and is soon followed by relaxation. That this action of dilatation, especially of the vessels of the nonmedulated nervous system, is only in the *primary stage*, and physiological; becomes, however, pathological, as a result of low vitality, probably due to blood loss, result of a serious trauma, or prolonged anesthesia, etc. Lutzenberger "*annati di nuroglia fasciæ*," in his studies on shock, says that in guinea pigs following slight trauma to the head and spinal column, found an increase in number of the ganglion cells in all regressive phases, at the site of trauma grave alteration in the ganglionic cells, consisting in general of a sort of paler distribution of the chromatic substance. That the rapid dislocation of the cerebro-spinal fluid could cause a laceration of the spinal cord, which would result in an alteration in the disposition of the white and grey matter, simulating a heterotopia, he also found in the spinal cord *following trauma*, sclerotic plaques, when the laceration was most pronounced, dilatation of the capillaries and of the veins. In the medulla he found a great many cellular alterations. (*Editorial N. Y. Med. Record.*) Pharascandala (in the archives de

physio-normale et pathologique) also presents a very exhaustive study. He stretched the animals out by their feet and gave them a sharp blow upon the abdomen with a flat ruler. The animals reacted in various ways to the trauma, but the greater number of them after a period of temporary quiet, became apparently well, but in from thirty-six to forty-eight hours they died with the symptoms of (exhaustion) shock. The cerebrum, cerebellum, medulla and cord were removed and preserved in appropriate fixatives and studied by the Golgi, Marchi and Nissel method. The Golgi method showed a deformity of the cells body, advancing to the grade of actual atrophy, node like swelling on the dendrites and fragmentation of the cells. By the Marchi method, simple marginal degeneration of Lissner's zone, and of the posterior roots, proceeding to the degeneration of the posterior columns and even sometimes total degeneration of the entire cord. By the Nissel method, the cytological alterations were various but pronounced, chromatolysis in large number of cells, varying with the degree of trauma. In the severest grades of trauma chromatolysis was complete, with distribution of chromatophilic granules. Nuclear changes were also noted, as well as vesicular swelling of the nuclear protoplasm. (*N. Y. Med. Record.*) These studies are invaluable to surgeons, the consensus of opinion based upon these recent studies and a rational pathology, are *positive of degeneration*, no matter what form of *shock*, *traumatic* or *neurotic* with their many allied and varied phenomena will soon be better understood and a more rational hypothesis bearing on the treatment can be evolved. (*N. Y. Med. Record.*) The symptoms of shock are chiefly profound prostration, expressionless face, mental apathy, pallor of the skin and mucous membrane, cold lips, nails, and extremities, blueness of lips, dilated irides with feeble reaction, reduction of surface and body temperature, irregularity of heart's action, irregular, small, feeble and at times almost imperceptible pulse, irregular respiration, as to rate and depth, loss of voluntary muscular movement, impaired superficial sensibility, nausea and vomiting in the apathic or torpid type.

In the erethistic type patients are restless, excited and almost uncontrollable. In the delayed type of shock the symptoms come on later, and ordinarily are due to concealed hemorrhage, curiously, we find at times also, when in accidents the minimum of physical injury, the maximum of shock prevails, if no reaction sets in, within twenty-four hours, the shock becomes more grave, mental apathy deepens into coma, or in the erethistic type, into mania, with a temperature subnormal, all the symptoms deepen, and death soon closes the scene forever. It is often difficult to differentiate shock from hemorrhage. The maximum of shock is almost immediately after the trauma, while in hemorrhage the symptoms are progressively on the increase; this also holds

good in fat embolism, a condition with which we are more frequently confronted than is ordinarily believed, occurring relatively quite often in compound fractures, tissue lacerations, cranial injuries, etc., where the symptoms of shock are of course expected and found as a rule. In this class of cases the plugging of a small artery by minute fat globules which, when set free somewhere in the periphery, are carried into the venous circulation and from there distributed to the various parts of the system and into the capillaries. The lungs are thus ordinarily the first lodging place, next the brain, the choroid and kidneys. The great danger is the clogging of the pulmonary capillaries, thus impeding and diminishing the proper oxygenation and lead to œdema and asphyxiation from carbonic dioxide poisoning, hence we find in fat embolism an increasing difficulty and rapid respiration, later œdema and cyanosis, not so prominently found in true shock, where the depression is primarily more prominent. We also find relatively frequent ecchymosis. The symptomatology of fatty embolism is cool perspiration, facial pallor, anxiety, distress, profound prostration, cyanosis, contracted irides, while in true shock the irides are always dilated, excited and restless, later on somnolent, cyanotic, and in the later stages, dilated irides, respiration from fifty to sixty, stertorous in character, venous congestion of lungs and later œdema. The dyspnœa increasing until it becomes agonizing. The pulse weak, irregular and fluttering. With all this grave pathology the temperature ranges at the normal point, while in true shock the temperature is subnormal. Should fat globules be found in the urine, the diagnosis would be pathognomonic. If we can give the heart enough vigor and endurance to continue pumping blood with its newly added fat globules, through the pulmonic circulation the prognosis in fat embolism is favorable. Usually the crisis is reached in about forty-eight hours after its inception. The treatment will be more fully considered under the head of shock treatment. Keith says that "in shock following abdominal operations, and when the patient is put back to bed with a pulse of 140 and over, and the heart shows no tendency to quiet down in twenty-four hours, the patient almost invariably dies from prolonged shock. It is also commonly accepted that the nearer to the body an amputation is performed, the greater will be the shock, much depending upon the size of a limb at the site of section." Godell also observed after section, that pinching of the ovaries was followed immediately with shock. It is also a common fact that blood pressure is lowered by catching hold of the intestines during section, and that it will cause increased respiratory action, hence rapid work, short operations, and avoiding the manipulating and exposure of the intestines, and visceral organs, should not be neglected, the shorter the exposure and the quicker efficient surgical work, the

less shock will be manifested. Other abdominal workers also agree that the long handling of the peritoneum at one point is not accompanied by so much shock as if a large area is manipulated, hence the importance of adding to short surgical operations, little exposure, minimum amount of handling intestines and peritoneum, *short incisions*, a fact worth remembering. Herrick recently refers to a case due to shock where a woman aged sixty-three years and weighing 137 pounds, an active practitioner, of excellent physique and family history, fell on a sidewalk, injuring her back and left side. After this she became physically and mentally weaker, her legs began to swell, dizziness and faintness developed, pallor was noted, and she was confined to her bed. She was as usual in such cases, suspected of malingering, but could not be verified. Later physical examination showed signs of pernicious anemia, numerous retinal hemorrhages, cardiac murmurs, pale blood and the corpuscles containing a few nuclei—mostly being normoblasts—leucocytes were increased relatively and there were many lymphocytes, the red blood cells. Blood count 666,000, hæmoglobin reduced to twenty-five per cent. The temperature varying from 97 degrees to 102 degrees. For the past four years I have had a patient under observation of almost this identical clinical picture, due to a similar trauma, who recovered damages in a suit against the city. She is yet a confirmed invalid, three years after the receipt of her damages, and it is my opinion she will never recover. Such cases, no doubt, come under the head of delayed shock, sequella developing along as the physical body becomes more and more devitalized, setting up degenerative changes.

The treatment of shock naturally resolves itself in establishing reaction in a safe and rational manner. This should not be done with undue haste lest secondary hemorrhages might be induced. Since volition is diminished in a large degree, such patients cannot readily swallow nor eat as they would under normal circumstances, hence the drinking of strong liquor is contraindicated for certain well-known reasons, it being somewhat doubtful if any fluid can be absorbed from the stomach. It has also been frequently observed that blood and albumen appear in the urine, and even acute nephritis sets in during shock. Post mortem examination often reveals acute parenchymatous nephritis. In all cases of shock recumbency, active stimulation, external heat, with appropriate therapy, should be the prime indication. It is, however, well to call your attention to the following: The careful surgeon prepares his patients for surgical work, besides a thorough physical examination, physical and mental rest in bed, with a correct record of the secretions and excretions, he reduces the shock to its minimum, which is the best and most rational prophylaxis to be recommended. It is

also commonly accepted that no important surgical operation is to be undertaken until reaction is brought about. This, however, does not seem to be the exclusive rule, with a good many surgeons, for the question of immediate, or delayed, operative work has been discussed pro and con for many years, and is even now fresh in our memories. It is, however, my opinion that in many cases of shock the prompt removal of a mutilated limb, the immediate adjustment in compound leg or arm fractures, cranial fractures, etc., the shock was promptly alleviated, and a secondary shock prevented. In the past year a triple amputation, and eight severe cranial fractures with depression of bone and concealed hemorrhage demanding immediate craniectomies, were safely operated and are living to-day, and were not followed by secondary shock. Although, if I were a teacher of surgery, I would emphasize that the rule in shock should be to wait for *reaction*, and, above all other things, would have the surgeon ever remember "*Nil nocere.*" Only then will he or she be capable to deal with the immediate or delayed operative interference in shock.

The horizontal position is recommended for the reason that in shock, as in syncope, cerebral anemia is evidently a part of the condition of shock, hence the dorsal decubitus, the head should be lower and the feet and limbs raised, even bandaging the extremities from the tips toward the body in order to pass the blood into the circulation for the vital organs, has been practiced for ages by good surgeons. If cyanosis is present in shock the lowering of the head should not be ordered. It is also important to avert vitiated air, especially so when anesthesia is under progress. Wet clothing should be promptly removed, and warm, stimulating drink given if the patient is able to swallow. Heat to the body should be applied. At times artificial respiration, and the stimulating application of faradism to the diaphragm and phrenic nerves may be of value. In cases when the patient is not able to swallow drink, or, for other reasons, stimulating enemas may be resorted to, nitrate of amyl by inhalation is also invaluable if you desire to relieve vasomotor spasms of the cerebral and cutaneous capillary system, thus indirectly aiding and equalizing the circulation. The leading therapy, to stimulate the heart's activity, are strychnia, digitalis, camphor, aromatic spirits of ammonia, nitroglycerine and atropia. A flagging respiration accompanied by œdema of the lungs demands the hypodermatic use of atropin, often successfully combined with strichnia and nitroglycerine. Besides these therapeutic indications, we have to-day hypodermoclysis. The advantages to be obtained from these measures are of very great value and importance in the treatment of shock, as well in uremia and hemorrhages. The normal saline solution thus used will increase the intra-arterial pressure and osmosis is carried on

more freely. The blood vessels are filled up, giving the stimulus of an excessive watery blood to the glandular organs, favoring metabolism and excretion, and washing out the peccant materials from the general system, also indirectly diminishing the production of deleterious compounds, which are by this method excreted. This modern measure is not only indicated in shock, but also in uremia, acute renal suppression from chronic disease of the kidneys, etc.

Dr. Wood described recently a case where a woman who had vomited and purged for some days, for unknown reason, and had not slept for many hours, and who rejected and was made worse by all ordinary medicines, but in whom the filling up of the cellular tissue of one gluteal region with the normal saline solution produced in twenty minutes after a quiet sleep, which proved the beginning of a convalescence. Her life was apparently saved by this procedure. There is nothing mysterious concerning the technique of this valuable procedure. Anyone who is familiar with modern surgical cleanliness, is capable of using this really valuable mode of filling the blood vessels which were emptied. The only counterindication for using the normal saline solution in this manner would perhaps be in cases of progressive diseases of the spinal cord and central system. The attending physician in cases of *extremis* should, before sending for the surgeon, give liberal infusion of the normal saline solution, which would save many lives annually. Outside of the above mentioned means, oxygen would prove of value, but in general practice would of course not be available, however valuable it might prove to be.

In summing up the treatment of shock, it is my opinion that the normal saline solution, by subcutaneous injections, accompanied with the hypodermatic use of strichnia is the most effectual method of treating shock. That posture is an important one to remember. In hypodermoclysis and the giving of strychnia, never over-stimulate while so using these valuable aids to combat shock. It has been observed that if the body is tipped downward there is total collapse of the circulation, because the tone of the vessels is lost. Blood settles in the vessels and there is no force to propel it back, the vasomotor center not being capable of bringing the blood back to the heart.

The President: The paper of Dr. Rhu is now before you for discussion. Dr. Kinyon, we would like to hear from you on the subject of shock.

Dr. Kinyon: Mr. President, as the writer of this paper has well said, comparatively trifling or slight operations are sometimes followed with profound shock, and with surgeons as a class more, perhaps, than with any others, it is the unexpected that happens. I have nothing to add

to what has been said, except by way of personal experience in treating those cases. As soon as any warning is given (the anesthetizer should be the first one to observe the symptoms of shock), it matters but little what the operation may be, but I am speaking in cases of shock while we are amputating, or internal surgery—the first thing is to lower the patient's head, and I have found this one method of great value—simply turn the patient on the side, unless you have plenty of help—turn the patient on the side with the back toward the operator; for instance, the patient is here with the head in that direction (indicating), I turn the patient over with the back to me, with the patient's back next to me, with the knees right here (indicating), and take hold of the patient by the feet, get them over my shoulders and walk around the room in that position, and 90 per cent of the patients come to. I never lost any, but I've sweat pretty freely. I have found it good. We don't hurt or tire the patient, and it does good work—not only depresses the patient's head, but it gives him a good shaking up, which is a good thing.

That reminds me of one thing that happened that may be of value to you; the patient collapsed in the case of a laparotomy, the abdomen was opened for a tumor, and all at once the patient collapsed. The anesthetizer said, "She has stopped breathing," and sure enough she had, and to all intents and purposes the patient was dead. I put her across the back of the attendant and he ran along the room with her, and presently a great curdle of milk, fully the size of the œsophagus, came out of her mouth, and one of my assistants took hold of it and pulled it out, and it hung from his hand, a curdled mass. That wasn't my fault, simply the nurse had done what we told her not to do; she had given milk to the patient for breakfast, and we supposed it was the effect of shock. I think perhaps I was as much shocked as the patient.

Then the doctor mentioned the bandaging of the extremities, which is exceedingly valuable, especially in the case of loss of blood. In addition to that, an injection of saline solution; I might add that I often inject into the bowel, which stimulates the heart and brings up the circulation—sometimes use quarts of it inside of an hour; don't be afraid of getting it pretty warm—don't do a bit of harm.

As to the cause of shock, I don't wish to take up any time in adding to it. There is an excellent article in Quinn's Medical Dictionary—by all odds the most complete article I ever read, from beginning to end—which goes into the etiology, as far as known (some advancement since, not much), the pathology and treatment. It is really a very excellent article, and Quinn's Medical Dictionary is an excellent book. I found it in a second-hand book stall. Use the general principles, exer-

cise, or whatever you use, no matter what, use them vigorously and fearlessly. And I wish to emphasize one point spoken of, and that is fear on the part of the patient. They may not say that they're afraid, but they are afraid, and if they are afraid there is going to be a shock. Terror has a depressing influence, though the patient has no knowledge and he may not know it at all. (Applause.)

Dr. Beebe: Regarding the method of suspending the patient over the shoulder—what would you do in case of the amputation of the leg? (Laughter.)

Dr. Kinyon: Do the same thing, as far as I could.

Dr. Johns: I might mention that the use of the rectal speculum is a wonderful thing sometimes—we don't want to forget that.

(Continued in November number.)



JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

THE ELEVENTH ANNUAL CONVENTION OF THE
AMERICAN ASSOCIATION OF ORIFICIAL
SURGEONS,

HELD AT THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE, CHICAGO, SEPTEMBER 7 and 8, 1898

(Continued.)

The President: If there is nothing further in the discussion of Dr. Rhu's paper, this will close the bureau of General Surgery, and with your consent we will ask Dr. Pratt for his paper that should have been presented yesterday.

THE ORIFICIAL PHILOSOPHY AND ITS METHODS.

E. H. PRATT, M.D.

CHICAGO.

In the twelve years and a half that have gone by since the promulgation of the orificial philosophy and its presentation to the medical profession for their consideration and employment if found of practical service in healing the sick, there has been no attack worthy of mention made upon it. For a time it was ridiculed by some and ignored by others, but its opponents were invariably entirely ignorant of what they were opposing and consequently were unworthy of attention, as active ignorance in the course of time becomes self-conscious and is shamed first into silence and then repentance for its manifold mistakes.

The orificial principles are based upon well-known and universally recognized facts of anatomy and physiology. But anatomy and physiology are merely their basis, and to understand the orificial philosophy requires the exercise of the reasoning faculties, which, as a rule, are so poorly developed in medical men. Doctors are close observers, but

very few of them are philosophers. They are frequently well posted, but as a rule they are poor thinkers. Their memories are abundantly stored with medical facts, but most of them are slaves to tradition and are too timid to think. This leaves them a prey to superstition and prejudice, which will impede their progress until a more liberal general education, involving the development of their logical powers, shall be required as a necessary preparation for the study of medicine. Ours is the age of emancipation and freedom is in the air. Physical slavery is ended, but the battle against mental bondage is still on, and until it is ended the orificial philosophy, like every other great truth arrived at only by the exercise of the reasoning faculties, will have to struggle for its rightful recognition. But there is not the slightest question as to the nature of the final verdict. The orificial philosophy is already so firmly established in the knowledge and active practice of doctors; it is so perfectly invulnerable as a philosophy; it is so valuable, indeed, so indispensable to the cure and prevention of all forms of human suffering; it is such an absolute necessity for the successful practice of medicine that no prejudice can stay its progress; what few mistakes may be made in its application cannot spoil its reputation, but simply reflect discredit upon the skill of the incompetent agent; no greater thought in medicine can become established and relegate it to an insignificant position, for it is so broad in its application that no truth can be broader; it is so serviceable that none can be more serviceable; it is so emancipating in its action that no measure can be more so; and beyond all question it is destined to sweep the entire civilized world like a cyclone until the lustful propensities induced by sexual irritation which are so prodigal of sympathetic nerve force and irritability and fear, which find their incipency in rectal troubles, shall be swept from the race and universal health, which is the natural condition of mankind, shall become everywhere permanent. The hygiene of all the pelvic organs will in time receive its due meed of attention when the wonderful cures made by orificial methods have aroused the medical profession and the people to a realization of the fact that what can be cured can be prevented.

The act of respiration is the central expression of physical life. The vacuum which invites the air to the lungs also acts as a force pump upon the fluids of the body and draws them from their peripheries to their centres. And anything which acts upon the depths of inspirations exercises a profound influence upon the circulation of the blood and other fluids. There is only one region of the human body where respiration can be in the slightest degree affected by manipulation, and that is in the region of the pelvis. You can dilate the mouth to its utmost capacity, distend the nostrils until they are torn, stretch apart the lips until they give way, open the auditory canal to its extreme capacity,

trephine the skull, open the thorax, invade the abdomen, amputate the limbs, grasp arteries, or nerves, or muscles, or arms with artery forceps and squeeze them to their destruction, and none of these processes will have the slightest effect upon the respiration so long as life remains in the body. Whoever heard of a spasm of the glottis, or diaphragm, or both, produced by any surgical procedure except an orificial one? This power to influence the depth of inspirations and thereby control the circulation of the entire body is peculiar to the floor of the pelvis, and can always be illustrated by dilatation of the lower openings of the body, especially the rectum, except where the sympathetic nerve itself from an undue nerve exhaustion has passed from a normal to an anesthetic state.

The orificial philosophy is so true, so effective, so helpful to mankind, that a knowledge of its basic principles and methods of application must of necessity pass on in the course of time to universal recognition by all healers of the sick. It may be in our time and it may be later. The evolution of any great truth is necessarily a slow process, but it is none the less sure, and it matters little to us whether orificial surgery receives its due recognition in our time or after we are passed away. Nothing can prevent its ultimate triumph, and thank God that this is so, for certainly the world is badly in need of it. The superficial, patchwork practice of medicine of the past, and in too many instances of the present, has had its day, and although what good there is in it will still be employed as found serviceable for purposes of temporary relief a deeper healing, born of a broader and more comprehensive conception of the unity of the human body and the mutual interplay of one part upon another, must be universally demanded. A thought that has such a deep grip upon the fountains of life as to be capable of equalizing the entire circulation of the blood cannot fail to affect the activity of every individual particle of the entire body, relieving congestion and correcting anemias, enriching supply currents and clearing away debris, melting pathology back into anatomy, and re-establishing normal activities universally.

Such a thought is the orificial philosophy, and the rapid progress it has already made toward universal accomplishment.

As to orificial methods, so far there has been but little change in them except as the several operations have undergone improvement from time to time. The method of circumcision, of repairing the cervix and perineum, of removing the female sexual organs, of performing the American and slit operations, have all been more or less improved within the last few years until all the objectionable features of each operation have now well nigh disappeared. But no single method that has ever become well established for carrying out the

orificial thought has as yet been abandoned. The American operation has been poorly done in a great many instances, and in all probability has also been as a general rule overdone. In consequence this particular operation has been considered a vulnerable point of attack by those who are ignorant of and consequently prejudiced against orificial practices generally and are anxious to get some basis for assaulting the thought as a whole. The American operation has been violently attacked, slandered, abused, railed against, and everlastingly condemned in the most violent terms by an army of professional mossbacks who thought that if they could only annihilate the American operation they would accomplish the extermination of the entire orificial thought, just as though the value of a thought were dependent upon an imperfect means of carrying it out. The result of this crusade has been to diminish the number of American operations performed, which was to be desired, for this operation should never be employed except as a last resort and when every other method proves to be unavailing. But nevertheless there are cases in which the American operation is not only desirable but indispensable to the healing of the sick. Some of them are cases of merely local trouble, and some of them are sufferers from malnutrition in distant parts of the body. To all such the American operation has been, is, and always will be a Godsend, and there are already an enormous army of enthusiastic patients whose lives have been prolonged, and whose physical miseries have been ended by a skillfully performed American operation. As a result of this severe criticism which it has sustained, although it will never be abandoned it will be more judiciously employed in the future than it has been in the past, and its critics have done a kindly service to orificialists themselves as well as to humanity.

The question as to whether pockets and papillæ are anatomical or pathological formations, and consequently whether they had better be left unmolested or removed has long since been settled, and the ignorant pretenders to a knowledge of this subject who still claim that they are important physiological organs are now merely laughed at and their false assertions fail even to attract attention. No one has ever been injured by the removal of pockets and papillæ, and the thousands who have now submitted to this procedure have been so universally and so wonderfully benefited that the practice of searching for them and removing them when present is becoming very general, even with those who do not appreciate the deep meaning and wonderful scope of the orificial philosophy as a whole. Pockets and papillæ, as we all know, are by no means universally possessed by human beings. Many have from one to a dozen pockets, some have from one to six or eight papillæ, while large numbers have none at all. But whenever

they are found their removal is always attended by benefit to the patient. The elaborate discussion of this subject, published in the *Journal of Orificial Surgery* for December, 1892, covers the entire ground, and subsequent observation has neither added to nor detracted from the positions taken in the article.

The hysterectomy which the orificialist has presented to the world was also critically scanned and misrepresented and misunderstood by the non-progressive element of the medical profession, but its technique was too perfect, its reasonableness too apparent, and its results too satisfactory to afford any substantial basis for criticism, and there is no longer any doubt as to its superiority over all other methods for the extirpation of the female sexual organs where such serious work is demanded, or of its being ultimately received into universal favor by all practicing gynecologists. It is more scientific, more surgical, more effective, less dangerous, and in every way more satisfactory than any other method of removing the uterus, ovaries and tubes in vogue, and in a very short time it must completely supercede all other methods by those who are ambitious to excel in gynecological surgery and give their patients the benefit of the best the world has to offer for their relief.

The importance of securing a proper condition of the foreskin for the boys is now commonly recognized not only by doctors but by the laity. And in the last two or three years there has occurred a great awakening to the fact that a corresponding benefit can be secured to the girl children by proper attention to the hood of the clitoris.

Sub-cutaneous and sub-mucous stitching has grown equally in favor and is now quite commonly practiced by orificialists generally wherever it is practicable.

In another respect there has been considerable of a change inaugurated. There is a stronger tendency than formerly to avoid surgical interference in orificial practice and to rely more upon so-called orificial treatments, deferring operative interference as long as possible. This is a wholesome tendency and should be encouraged. Surgery is destructive and should always be a last resort. It is a mere apology for better work. The conservative course is ever the true one to follow, and operations should be resorted to only after all other means have failed and they are demonstrated to be a positive necessity. Too much has been expected on the part of the optimistic and impulsive natures from the operation itself in orificial work, and much of the disappointment and failure in orificial work has been due to this fact. Experience soon teaches an orificialist that the surgical work to be successful must be followed by systematic after attention until the ideal orifices are attained, namely, those which are dilatable and free from all

forms of irritation. The majority of cases had better remain untouched than to be merely operated upon and abandoned to their fate, as the lower openings of the body are frequently left in a worse condition than before by operative procedures unless careful and intelligent subsequent local attention is employed to secure the ideal condition sought for.

There are two specialties that should surrender their titles to that of orificial surgery, namely, the rectal and the gynecological.

Rectal surgery is incomplete and ineffective in most cases without proper respect being had to the condition of the sexual organs. And on the other hand gynecology is equally lame and abortive if the condition of the rectum be ignored. Orificial surgery unites these two specialties into one, and at the same time goes beyond both of them in its one great thought, that it is found to be efficacious not only in correcting mere local conditions of the pelvis of which the patient has become conscious, but at the same time is more ambitious in its scope of application, for it enters with a dominating power the general bodily element. It is good not only for pelvic pathology but as a basis of cure for all forms of chronic disease.

The Chairman: The next paper is by Dr. Drake. The doctor expected to be with us but was detained by business. We regret he is not here to read his paper.

SCIENCE DIVINE AND HUMAN.

J. H. DRAKE, M.D.

DES MOINES, IA.

The title of this short paper may be misleading, but to write or talk about the orificial philosophy in any sense is both divine and human. After we once begin to understand what is meant by orificial philosophy, we soon realize this to be a fact, as Webster defines philosophy as the science of things divine and human, and the cause in which they are contained.

The science of effects by their causes, the science of sufficient reasons, and, as has been said, believing that "a true tale, briefly told, speeds best," and having nothing but truths to offer, we find it difficult, after ten years of active experience in treating chronic nervous and surgical diseases from an orificial standpoint, to make the science of the orificial philosophy seem interesting in a short space of time, especially to those who have been earnestly following the same course of study, with a determination to fathom the depths and heights of this science divine and human. Therefore I feel that I must carefully refrain from entering into exhaustive explanations of pathology of diseases considered.

I feel that we as a profession may be better entertained by some

one, who may not be more successful in the treatment of chronic diseases from an orificial standpoint, but may be better adapted to explaining his views to the association than I would be, as I profess to be a much better worker and listener than talker in public.

I find that many lay people do not know—yes, physicians through the country do not know—the meaning of orificial philosophy. They do not realize or at least think that when they look at the tongue that they are examining an orifice whose combined abnormal conditions indicate the diseased condition of a part or the entire tubular system; and how many are there who would think to look at the lower orifices of the body, to ascertain why the patient had a pain in the head, back or any part or branch of the sciatic nerve chain, to ascertain why they should be insane, or frequently falling with what is known as epileptic spasms?

How many of nonexperienced orificialists, when called to treat a patient suffering with tuberculosis of the lungs would think to look for a fistula in ano, or vagina, even though their attention were called to the fact by the patient that a fistula or abscess existed?

Think of the numbers of children who suffer with apparent catarrhal conditions, or an impediment in their speech, the result of adenoid tumors, that are never discovered until a true specialist discovers them.

Turn your mind for a moment upon the thousands of our truest and best women in this country who are broken down in nerves and wandering to an early grave, but continually swallowing nauseous drugs that her debilitated digestive apparatus can not assimilate, all of this continuing for months, the result of some orificial trouble that the patient knew she possessed but her delicate nature and lack of knowledge of reflexes, or sympathetic troubles, and a restful belief that the doctor knew what her condition was and was doing all that could be done. Even though she had mentioned to him that her back or head ached, or that she could scarcely walk or stand on her feet, still the doctor heeded not, and did not for a moment think that these great nerve centers, the orifices, were the fountains of all the pain and disability.

The nervous tissues of the body are comprised in two great systems, the cerebro-spinal and the sympathetic, and each of these systems consists of a central organ, or a series of central organs, and of nerves. The cerebro-spinal system comprises the brain, the spinal cord, the cranial nerves, the spinal nerves and the ganglia connected with both these classes of nerves.

The sympathetic system consists of a double chain of ganglia, with the nerves which go to and come from them. It is not directly connected with the brain or spinal cord, though it is so indirectly by means of its numerous communications with the cranial and spinal nerves.

Every orifice of the body is a nerve center, but the lower orifices of the body are much greater nerve centers than the upper orifices, and their sympathetic and spinal branches and connections being so very numerous, we should naturally expect more reflex diseases from diseased condition of these orifices. In fact those who studied reflexes and cause and effect any length of time very soon discovered that in order to diagnose a case with any degree of certainty, they must look for the cause.

To illustrate this statement I will mention a few very peculiar cases treated recently. The success was derived from the study of orificial philosophy for years past, and by following out its principals in the diagnosis, treatment and cure of the most intricate cases.

Mrs. G., age 23 years, married three years, robust in appearance, weight 150 and plump, has not been well since a few months previous to her first menstruation, but grew gradually fleshy and looked the picture of health to the ordinary observer. In spite of all of this fine appearance she suffered for months at a time with what the physicians called inflammatory rheumatism, while in fact it was a neurotic condition, complicated with chronic extra-articular rheumatism, or what might be technically called synovitis, resulting in ankylosis of a great number of her joints. The first prominent signs of ankylosis began in the first and second joints of the fore-finger of the right hand, soon followed by ankylosis of the ankle-joint and the bones of the tarsus, seven in number, the os calcis, astragalus, cuboid, scaphoid, internal, middle and external cuneiform bones, and the second joint of the big toe, all of the right foot and of late the right elbow and wrist-joints have given her a great deal of trouble. All previously called inflammatory rheumatism, no cause given, as no special effort had been made during all of these years to locate the cause; in fact, no cause had been thought of, a healthy husband and healthy wife, married three years, both loved and desired children but none came, cause not thought of or looked for although many physicians had been consulted very often. This patient came to my office July 1st, 1898, with conditions as previously related. In addition to these very prominent symptoms, I found a well developed woman with the following exceptions: The clitoris not to be seen, entirely hooded, excrescence and papilla growths around meatus urinarius and vaginal orifices like quills on a porcupine's back, in length from one-eighth to one-half inch, a perfect mat. The womb was about the size and one-half the length of my thumb, mean depth of womb by careful and repeated trials was seven-eighths of an inch. The ovaries were lacking in development also; her menstrual periods were not painful, were fairly regular, but she only flows one-half to one day, and merely a show; color, light.

Treatment.—Static and galvanic electricity, medicinal, mainly calcaria flour 3x, every three to four hours, with occasional indicated intermediate remedies, and local application to joints. The following remedies were vigorously applied once a day: Castor oil (pure) 4 oz., oil wintergreen, oil sassafras aa oz. until six applications were made. Following the sixth application, I put the ankle and foot in a plaster cast and kept the patient quiet fourteen days. During the time from beginning of treatment I gave static electric breeze and roller on alternate days with galvanic electricity, with baths and osteopathic treatment occasionally. The day following the removal of plaster cast, I anesthetized the patient, removed all excrescence growths from vagina and dilated the womb. After dilating to number 20 English sound, I grasped the uterus with two double tenacula posteriorly and anteriorly and stretched the womb lengthwise, holding the sound firmly when pulled, until it measured fully one and three-fourths inches, packed it with cordine as full as I could and tied my stay lines over the end to keep the length intact, injected $\frac{1}{4}$ grain morphine and left the packing until morning, when I removed it and repacked much tighter and let it remain until evening when, on account of her suffering from contraction, I removed packing and stay lines, which was followed by the usual care. I must not forget that I dilated the rectum and removed three large papillæ and in fact made a careful cleaning up of all lower orifices.

The third day after the operation was completed I began to break up the ankylosed joints and have thus far succeeded in breaking all up except the knuckle joint on the right hand, which I think I will be able to complete in a few days. Patient feels that she is recovering rapidly; she moves around every day with the help of one crutch and pain has all left her. She began to menstruate on the 22nd inst., and flowed three days fairly well—better than any time in her life. The case promises recovery, and I will say that while I used means mentioned to hasten recovery, I could not have cured her had I not given the orifices attention, as I am positive that the cause lay in the nerves of the orifices, and the lack of development.

I have many other cases that I had contemplated reporting in support of this philosophy, but time is too limited. In connection I will say that the new measure now creating such a great sensation in the medical world, osteopathy, owes its success to flushing capillaries and awakening nerve energy, and while it can not reach all cases that the orificial philosophy can, it is a boon to humanity on account of its reaching nerve centers, and reinvigorating dormant nerve energy. As I have stated, I have many very unequal cases cured by orificial treatment, that it would please me to report if I had had time to write them up; but I assure you that from nearly twenty-five years' practice with

a faithful determination not to be behind the times in my profession, I have not found any scientific study or investigation that excels the orificial philosophy.

I merely mention the osteopathic treatment as one worthy of the attention of the up-to-date specialist, in chronic and nervous diseases. Osteopathy will certainly have its place in our minds in the near future, and it will be well for us as progressive physicians not to let it pass unnoticed.

We have a well-equipped school just opened in the city of Des Moines, Iowa, of which we are proud.

Chairman: The next paper is

UTERINE RHEUMATISM.

JULIA HOLMES SMITH, M.D.

CHICAGO.

The choice of my theme lies far afield from orificial philosophy, and it is not in any wise my purpose in presenting this subject to suggest that the disease may be relieved by dilatation of the orifices or other devices of orificial surgeons, but rather to call attention to a malady often overlooked, and suggest a method of treatment which has been useful in my hands. I do this more readily since when invited to write a paper permission was given to talk of what interested me.

Of all the maladies under the sun to which human flesh is heir, none is more hydra-headed, more treacherous, more obstinate, than rheumatism. Head, hands, feet, heart, muscles and joints—aye, even the sheaths of the nerves—are alike martyrs to an excess of uric or lactic acid in the blood, and each organ may alike pay a penalty for an inherited sin in the uric acid and gouty diathesis descended from the forebears, or one may suffer from the results of his own imprudence, from bad habits of life, from acquired or infected syphilis. Or again, rheumatism may be the sequel of scarlet fever, of other exanthems, or of typhoid fever. It may be a complication of tuberculosis, and is very often the result of overheating at a dance, or of a neglected wetting in the pursuit of ordinary duties. With these general conditions I need not delay, except to say that any one of these may be etiological factors in a case of uterine rheumatism.

What are the symptoms of uterine rheumatism? How shall we know it? There is pain, pain, pain, persistent, pressing, digging pain, strictly circumscribed, sometimes accompanied with fever, more often no rise of temperature, no general malaise, no backache, once in a while a pain in the upper part of the leg; but then the latter is no more

likely to exist than a pain in the arm or the foot. The maladies for which uterine rheumatism may be mistaken are neuralgia, dysmenorrhea, endometritis or uterine colic. We differentiate from dysmenorrhea in the fact that the latter comes on periodically. Rheumatism has all seasons for its own. From endometritis the differential diagnosis is made from the fact that in rheumatism there is no discharge, no tenderness on pressure even with vaginal examination—in fact, the patient likes to double up, and craves a pressure over the uterus when the attack is severe.

From uterine colic we distinguish it because colic is rapid of onset, intense while it lasts, and passes off as suddenly as it came. *En passant*, for uterine colic use asafœtida; give six grains in capsules, two grains each, at intervals of half an hour, at the same time a rectal injection of ten grains of asafœtida in a quart of water, and although the apartment and the patient will smell to heaven, you will have earned the everlasting gratitude of the sufferer.

From neuralgia uterine rheumatism may readily be differentiated because neuralgia is irregular in its onset and erratic in its action. Now, what shall we do about it? Homeopathic materia medica is rich in remedies. Each case, however, is unique, and one must carefully affiliate remedies according to the general symptomatology. I might mention *rhhus*, *macrotin*, *bryonia*, *colchicum*, *salicylate of sodium*. I use these as indicated and in association with whatever internal remedy may be suggested, a compress over the part of hot chamomile flowers and a douche of strong chamomile tea in which is dissolved twenty grains of *salicylate of sodium*.

Dr. Pratt: Dr. Smith is an accurate thinker, speaker and writer upon great medical topics, and she treats whatever subject she handles with clearness, precision and thoroughness. But it is said that even Homer sometimes nods, and it strikes me that in this paper Dr. Smith has followed his unworthy example. She may have the subject she presents clearly defined in her own mind, but her paper seems too indefinite to do her conception justice. Then, too, she starts out by saying that her subject has no connection with orificial surgery. This necessitates one of two conclusions: either that she is not talking about rheumatism at all as she is supposed to be, or else is ignorant of the fact that of all efficient measures in curing chronic rheumatism in any and every part of the human organism there is none quite so efficient as orificial surgery. Many of the most marvelous and satisfactory cures that ever have been made have been in the line of rheumatism. And if the uterus is capable of suffering such an affection, as of course it is, there is no reason why it should not be as amenable to orificial methods

as though the trouble was located in other muscles or in nerves or joints or other parts of the body. If the Doctor deems her thought of sufficient importance for further discussion it might be well for her to rewrite it, and if she succeeds in convincing her audience that her position is well taken she can leave out her apology for presenting a subject which is foreign to orificial consideration.

When she meets with a case suffering from what she considers to be rheumatism of the uterus it would be an exceedingly interesting one for orificialists to consider if upon examination from an orificial standpoint there were found no adhesion or elongation or undue tension of the hood of the clitoris, no irritability about the orifice of the urethra, or the hymen, no abnormal state of the cervix, or internal os uteri, and no variety of rectal pathology. Until such a case, however, is clearly presented and satisfactorily witnessed orificialists will scarcely be able to credit the existence of a case of chronic rheumatism of the uterus or any other part of the body in which orificial treatment is not indicated, and if applied and properly carried out more effective than any other remedial measure known to the profession.

The President: I would like to state before any of the members leave, that the program states that the election of officers will be held this evening, but it has been decided advisable that the election be held this afternoon, and as there is only one paper in the Miscellaneous Bureau—that of Dr. Curryer, of Indianapolis—there will be time for the election.

Dr. Curryer: Let my paper be submitted by title.

The President: Dr. Curryer wishes to submit his paper by title, but I, for my part, would much rather he read it. What is your pleasure?

Dr. Young: I move it be read.

Motion carried.

Dr. Curryer: I want to say frankly that the paper is only made for filling. You will not get much. It would be well to submit it and go on with your election.

FIBROIDS AND UTERO-GESTATION.

W. F. CURRYER, M.D.

INDIANAPOLIS, IND.

Mr. Chairman and Members of the Association:

In this short paper I desire to call your attention to only one case, and this one came under my immediate supervision.

Mrs. S., aged about 34, the mother of two children by a former husband, was sent me by Dr. S., who suspected it a case of ectopic pregnancy. She had been suffering at intervals for several days with

paroxysmal pains at the right side of the uterus, which gradually grew worse, until they were almost beyond endurance.

Upon an urgent telegram I met the patient at the Union Station personally. I found her on the platform beside the car, holding to her husband in extreme pain. After a few minutes she slowly walked to the carriage. On the way to the Sanatorium, which was only a few squares distant, she had several severe paroxysms of pain. At the door of the hospital, after getting out of the carriage, she suffered excruciatingly. When the patient had rested a little I made a digital examination and found the uterus enlarged, also a growth at the right horn of the uterus about the size of a woman's fist, where, it seemed, the severe paroxysmal pains usually originated.

The history of the case is brief. Her general health was good. Her menses had been stopped for three and one-half months. She had noticed nothing unusual till a short time before her visit to our city, when by a slight movement of the body she would experience pain in the right iliac fossa and at the right horn of the uterus. At times in the night she would be awakened by sharp, cutting pains. All these symptoms increased in frequency and severity until she called her family physician, and he diagnosed ectopic pregnancy, and at once sent her to me. Her former pregnancies had been normal in all particulars. I was unable to satisfy myself fully in regard to the diagnosis. While there was a growth in the region of the right fallopian tube and suspicious pains, it might be from other causes than pregnancy.

I called to my assistance Dr. Runnels, who, after an examination, was also in the dark as to the true condition of affairs. We decided to give the patient an anodyne, as it was night, and wait until morning. After having instructed the nurses to give the patient a bath and to unload the bowels with an enema, we left her for the night.

In the morning we found her fairly well; having had enough morphine to control the pain, she had secured some rest. We made another examination under an anesthetic and were still undecided as to the full extent and character of the complication; we decided, however, to make an exploratory incision and definitely learn her true condition.

We opened the abdomen in the median line large enough to explore the abdominal cavity and found a gravid uterus with a fibroid tumor growing from the right uterine horn the size of a large orange, which was bound down in the iliac fossa with an anchorage so firm as to prevent the elevation of the uterus during its gravid development. These adhesions were broken away with the finger until the uterus and the tumor were freely movable, the abdominal toilet was made and the wound closed in the usual manner.

There were no untoward symptoms following the operation; her

temperature was at no time above 100, her appetite never failed, she had no return of the pains, and at the end of four weeks left the hospital for her home, seventy-five miles distant, where she arrived safely.

At the end of the period of utero-gestation she was delivered of a fine daughter. The attending physician wrote me there were no complications; the labor was natural and easy. A letter from her husband only two weeks since says his daughter is now twelve weeks old and the finest in Greene County, and that while his wife's health is good and she suffers no pain, he thinks the tumor is enlarging slowly.

It is my intention to operate in the near future, perhaps after the period of lactation has terminated. I report this case as an evidence of what can be done without a hysterectomy. The father of the child is especially happy with the management of the case in saving the child, as by his former wife he had no children.

Dr. Curryer: We thought at first we would make a hysterectomy, but, like many of you, no doubt, who work awhile and change your minds after relieving the adhesions and finding the parts were all movable, concluded to let it alone, and even if she aborted she would be in a better condition for the operation. (Applause.)

The President: The paper of Dr. Curryer is now before you for discussion. Glad to hear from you.

Dr. Kinyon: Having had some experience in this line of work, I want to say a few words on the subject of ectopic gestation. Many writers claim that it is not possible to make a diagnosis of ectopic gestation previous to the sixth week. Whether it was by accident or what not, four times in succession we have made an ectopic diagnosis from the third to the fifth week accurately. The infallible indication, although not emphasized in the books, is the presence of the uterine decidua, always formed in ectopic gestation, and revealed by the microscope. In pregnancy there is what is called the decidua pregnancy. When the pains, varying all the way from the third to the twelfth week, bring on a discharge from the uterus, as they unquestionably do if it is a case of ectopic gestation, decidua will be found in the discharge, you will know then, and with the other conditions, that it is ectopic gestation. If the doctor was sure of his diagnosis, why did he not remove the tumor?

Dr. Curryer: We were afraid to make the walls of the uterus so thin that the development of the fœtus would rupture them.

Dr. Kinyon: Fibroid attached to the uterus?

Dr. Curryer: Yes; to the right horn of the uterus.

Dr. Kinyon: It is not quite clear in the minds of the profession at what stage of development an operation with the knife should be

performed. I will give my judgment, and, of course, the profession will be sorry if it does not agree with me.

About the use of electricity—don't be afraid of electricity. The faradic current isn't going to do any harm, but if it kill the child you can operate—I am speaking now after the twelfth week—but it is no trifling matter to open up the abdominal cavity and go down. In ectopic gestation, after the twelfth week there is an abundant blood supply, and profound shock is likely to ensue, and I would rather take out the whole uterus even when there is no tumor, because there is liable to be trouble. But if you kill the foetus with electricity, the blood supply is cut off and you can operate as safely as you could at six weeks; there is no danger, and any man who is fit to operate with a knife is certainly prepared to operate with electricity, and if electricity is taken as it should be taken I can see no harm in it. I know there are two men in the United States who use it and say electricity is a good thing. They are Thomas and Goelet. These two are enthusiastic advocates in the use of electricity in ectopic gestation, and there are no better operators with the knife than those two men. They commence after the third month the use of electricity to kill the products of conception. By the time they are ready to operate the blood vessels are so much reduced the operation is almost certainly a successful one, the capillary circulation is so reduced. (Applause.)

The President: Anything further on the paper of Dr. Curryer? If there is nothing further this will close the program, and we will proceed with the election of officers for the ensuing year.

The following officers were elected:

President, Dr. J. W. Means, Troy, O.

First Vice-President, Dr. M. K. Kreider, Goshen, Ind.

Second Vice-President, Dr. E. B. Johns, Lexington, Ky.

Secretary, Dr. F. E. Young, Canton, O.

Treasurer, Dr. T. E. Costain, Chicago.

Executive Committee: Dr. C. B. Kinyon, Ann Arbor, Mich.; Dr. H. E. Beebe, Sidney, O.; Dr. W. F. Curryer, Indianapolis, Ind.

Board of Censors: Dr. H. C. Aldrich, Minneapolis, Minn.; Dr. J. D. George, Indianapolis, Ind.; Dr. Eugene Hubbell, St. Paul, Minn.

Dr. Beebe: Mr. President, if not out of order, there is a matter I wish to mention before we adjourn. During the past year we have lost by death some active members, two in particular. Dr. J. C. Daily, of Fort Smith, Arkansas, was one of the founders of this society, an active and very worthy member, a working member. The same is true of Dr. Thomas H. Hicks, of Knoxville, Tennessee, and there may have been some others. I think it would be well, and I suggest that the chair appoint a committee of three, and that resolutions be prepared

and published in the Journal of Orificial Surgery. I make that as a motion.

Motion carried.

The President: I will appoint Dr. E. H. Pratt, Dr. J. D. George and Dr. H. C. Aldrich. There is one thing more that I think is entitled to some little action of the association, and that is, I believe a vote of thanks should be extended to the voluntary contributors to this association meeting, and I would be pleased to entertain a motion to that effect. We have had two very good and valuable contributions, and I think it is nothing more than right that we should recognize them.

On motion a vote of thanks was tendered to Dr. Milton G. Conger, of Mt. Airy, Ohio, and F. E. Young, of Canton, Ohio, for their valuable contributions to the meeting of the association.

Nothing further coming before the association, on motion the convention adjourned *sine die*.

LIST OF MEMBERS.

Allen, G. E.....	Youngstown, O.....	1893
Aldrich, Henry C.....	Minneapolis, Minn.....	1894
Andrus, A. P.....	Ashland, Wis.....	1889
Avery, James C.....	Vassar, Mich.....	1898
Ayers, Mortimer.....	Pasadena, Cal.....	1894
Baldwin, T. R.....	Waco, Texas.....	1894
Ballard, Laura A. S.....	San Francisco, Cal.....	1888
Bangs, F. H.....	San Jose, Cal.....	1893
Barrett, J. W.....	Osage, Ia.....	1893
Barton, Ernest.....	Portland, Ore.....	1898
Beal, S. W.....	Worthington, O.....	1888
Beaman, C. P.....	Ithaca, N. Y.....	1893
Bennett, Judson H.....	E. Jordan, Mich.....	1894
Bliem, M. J.....	San Antonio, Texas.....	1888
Burnside, A. W. (Dead).....	Chicago.....	1888
Buck, O. H. (Dead).....	Paris, Ky.....	1896
Brick, Paul L.....	Le Mars, Ia.....	1889
Bentley, W. A.....	Bismarck, N. Dak.....	1889
Baldwin, O. D. S.....	Portland, Ore.....	1889
Barnard, J. S.....	Baltimore, Md.....	1889
Bowman, F. C.....	Duluth, Minn.....	1889
Bowman, J. S.....	Benton Harbor, Mich.....	1889
Bowman, A. P.....	Sioux City, Ia.....	1888
Backus, J. B.....	Braidwood, Ill.....	1888
Barnhill, T. G.....	Findlay, O.....	1888
Bessey, W. E.....	Toronto, Can.....	1889
Bennett, C. T.....	Detroit, Mich.....	1890
Burroughs, Amelia.....	Boston, Mass.....	1892
Boyer, Walter N.....	Franklin, Ohio.....	1892
Bryan, J. T.....	Louisville, Ky.....	1892
Bull, W. H. H.....	Atlantic City, N. J.....	1890
Beebe, Curtis M.....	Los Angeles, Cal.....	1888
Beebe, H. E.....	Sidney, Ohio.....	1888
Bailey, W. M.....	Detroit, Mich.....	1891
Brown, M. Belle.....	New York.....	1896
Brown, C. W.....	Superior, Neb.....	1891
Bergman, N.....	Dwight, Ill.....	1892
Beverley, C. A.....	Ames, Iowa.....	1891
Block, R. C.....	St. Louis, Mo.....	1891
Brinley, W. H. (Dead).....	Minneapolis, Minn.....	1895
Burt, W. H. (Dead).....	Chicago.....	1894
Carriker, M. A.....	Nebraska City, Neb.....	1893
Casebeer, J. B.....	Fort Wayne, Ind.....	1897
Cocke, James R.....	Boston, Mass.....	1894

Collins, N. M.....	Rochester, N. Y.....	1888
Cole, C. E.....	Prairie du Chien, Wis.....	1897
Costian, T. E.....	Chicago	1893
Colleston, J. C.....	Spencer, Iowa.....	1892
Coombs, J. T.....	Fulton, Mo.....	1894
Coolidge, J. W.....	Scranton, Pa.....	1892
Covey, C. E.....	Grand Ledge, Mich.....	1897
Clifford, G. G.....	San Antonio, Texas.....	1893
Clemmer, J. W.....	Columbus, Ohio.....	1892
Comstock, T. Griswold.....	St. Louis, Mo.....	1892
Clarke, B. G.....	New York.....	1892
Church, Charles A.....	Passaic, N. J.....	1892
Corning, G. A.....	Hampton, Iowa.....	1888
Cooke, W. C.....	Moravia, N. Y.....	1895
Carr, R. W.....	Sedalia, Mo.....	1888
Curtis, Charles C.....	Redlands, Cal.....	1888
Cogswell, G. E.....	Waukegan, Ill.....	1889
Coffeen, C. R.....	Piqua, Ohio.....	1890
Corwin, Elizabeth.....	Binghamton, N. Y.....	1894
Cole, E. Z.....	Baltimore, Md.....	1890
Caine, W. H.....	Minneapolis, Minn.....	1890
Crawford, T. P.....	Canton, Ohio.....	1893
Crippen, J. H.....	Waterloo, Iowa.....	1890
Clark, F. M. (Dead).....	Salem, Ohio.....	1891
Curryer, W. F.....	Indianapolis, Ind.....	1895
Damon, E. H.....	Bloomville, Ohio.....	1893
Danforth, L. L.....	New York.....	1894
Dunn, C. N.....	Centralia, Ill.....	1888
Daily, J. C. (Dead).....	Fort Smith, Ark.....	1888
Dart, J. M.....	Salt Lake City, Utah.....	1888
Dodge, M. M.....	Albert Lea, Minn.....	1888
Drake, J. H.....	Des Moines, Iowa.....	1888
Davis, A. P.....	Chicago	1889
Dunn, J. L.....	Titusville, Pa.....	1889
Dunn, G. W.....	East Peoria, Ill.....	1889
Delbridge, G. W.....	Atlanta, Ga.....	1889
De Cailhol, E. A.....	Los Angeles, Cal.....	1895
Dill, J. W.....	Oskaloosa, Iowa.....	1896
Drais, L.....	Woodlawn Park, Ill.....	1889
Dunn, J. A.....	Titusville, Pa.....	1890
Dunlevy, Rita.....	New York.....	1894
Dieuis, R. O.....	Chanute, Kan.....	1891
Deyoc, D. L.....	Louisiana, Mo.....	1891
Drayer, S. P.....	Dayton, Ohio.....	1891
Eaton, Cora Smith.....	Minneapolis, Minn.....	1894
Edson, C. C.....	Dixon, Ill.....	1889
Edgar, S. F.....	Zanesville, Ohio.....	1888
Elms, J. K.....	Traverse City, Mich.....	1888
Elms, B. C.....	Fairfield, Iowa.....	1889
Elliot, A. F.....	Santa Monica, Cal.....	1889
Enos, J. W.....	Alton, Ill.....	1890

Einarson, B.....	Englewood, Ill.....	1890
Elder, W. R.....	Terre Haute, Ind.....	1890
Ellis, J. Tresler.....	Waynesville, Ohio.....	1890
Erni, G. Oscar.....	New Albany, Ind.....	1891
Foster, W. A.....	Kansas City, Mo.....	1888
Fahnestock, C. A.....	La Porte, Ind.....	1888
Fahnestock, J. C.....	Piqua, Ohio.....	1895
Farrington, C.....	Sedalia, Mo.....	1888
Fickle, J. D.....	Carlisle, Pa.....	1890
Finch, H. C.....	Broadalbin, N. Y.....	1898
Foster, T. J.....	Mansfield, Ohio.....	1892
Foreman, H.....	Brundige, Ala.....	1891
Freeborn, Grant.....	Waterbury, Conn.....	1893
Freeman, R. E.....	Los Gatos, Cal.....	1895
Freemyer, G. L.....	Benton Harbor, Mich.....	1896
Fruth, D. O.....	Fostoria, Ohio.....	1893
Gentry, W. D.....	Chicago.....	1893
Gibson, E. T.....	Minneapolis, Minn.....	1893
Gillard, E.....	Sandusky, Ohio.....	1893
Graham, D. M.....	Duluth, Minn.....	1892
Gard, B.....	Fort Wayne, Ind.....	1892
Gould, W. W.....	Rochelle, Ill.....	1888
Green, W. E.....	Little Rock, Ark.....	1888
Grant, A. B.....	Ionia, Mich.....	1889
George, J. D.....	Indianapolis, Ind.....	1897
Goodman, C. H.....	St. Louis, Mo.....	1890
Graham, C. A.....	South Charleston, Ohio....	1890
Grove, C. E.....	Spokane, Wash.....	1894
Grosvenor, Lemuel C.....	Chicago.....	1894
Hicks, Thomas H. (Dead).....	Knoxville, Tenn.....	1897
Huston, A. S. (Dead).....	Anderson, Ind.....	1892
Hunt, Charles R.....	New Bedford, Mass.....	1892
Holloway, J. C.....	Vincennes, Ind.....	1892
Hallman, V. H.....	Hot Springs, Ark.....	1894
Hassler, M. Margaret.....	Allentown, Pa.....	1892
Hassler, J. W.....	Allentown, Pa.....	1892
Herkimer, G. R.....	Dowagiac, Mich.....	1898
Huntington, R. M.....	Boone, Iowa.....	1888
Hill, M. J.....	Sterling, Ill.....	1888
Haley, H. H.....	Champaign, Ill.....	1888
Hayes, R. E.....	Freeport, Ill.....	1888
Hotchkiss, Isabelle S.....	Riverside, Ill.....	1888
Hall, W. G.....	St. Joseph, Mo.....	1889
Hamilton, F.....	Springfield, Mass.....	1889
Hart, R. W.....	Galena, Ill.....	1889
Hart, Frank O. (Dead).....	West Unity, Ohio.....	1894
Harrison, G. E.....	Chattanooga, Tenn.....	1890
Hopkins, A. G.....	Muskegon, Mich.....	1890
Hamilton, H. W.....	Springfield, Mass.....	1890
Hoffman, J. O.....	Defiance, Ohio.....	1891
Holbrook, H. H.....	Orleans, Neb.....	1891

Holbrook, Francis D.....	Chicago	1891
Hollopeter, C. M.....	Fostoria, Ohio.....	1894
Hodge, Marion (Dead).....	Niagara Falls, N. Y.....	1893
Hodge, W. H.....	Niagara Falls, N. Y.....	1893
Howland, Anna C.....	Poughkeepsie, N. Y.....	1894
Hubbell, E.....	St. Paul, Minn.....	1893
Jackson, W. H. H.....	Oil City, Pa.....	1889
Johnson, S. A.....	Kalkaska, Mich.....	1889
Jones, A. Cuvier.....	Tucson, Ariz.....	1889
Johns, E. B.....	Lexington, Ky.....	1889
Jones, Jesse R.....	Jackson, Miss.....	1890
Jones, O. Q.....	Tecumseh, Mich.....	1897
Jerman, William L.....	St. Louis Park, Minn.....	1891
Keatel, C. H.....	Maysville, Wis.....	1888
Kerr, S. H.....	Elsberry, Mo.....	1893
King, C. H.....	Traverse City, Mich.....	1891
King, F. L.....	Hastings, Neb.....	1896
Kinyon, C. B.....	Ann Arbor, Mich.....	1897
Klein, J. W.....	Louisville, Ky.....	1894
Knight, S. H.....	Detroit, Mich.....	1896
Kreider, M. K.....	Goshen, Ind.....	1893
Lane, C. E.....	Poughkeepsie, N. Y.....	1896
Leland, A. G.....	Whitewater, Wis.....	1894
Lusk, W. F. (Dead).....	Battle Creek, Mich.....	1888
Le Fevre, Wells.....	Hot Springs, Ark.....	1888
Link, O. C.....	Lincoln, Neb.....	1892
Lawrence, M. D.....	Chicago	1892
Linn, S. H.....	Rochester, N. Y.....	1889
Linn, H. J.....	Buffalo, N. Y.....	1889
Lee, Charles E.....	Caldwell, Idaho.....	1889
Lobb, H. W.....	Philadelphia, Pa.....	1889
Laidlaw, G. F.....	New York.....	1891
Logee, H. M.....	Connorsville, Ind.....	1891
Laughton, W. R.....	assopolis, Mich.....	1891
Marsh, B. P.....	Bloomington, Ill.....	1888
Monroe, A. L.....	Louisville, Ky.....	1888
Madison, J. P.....	Cynthiana, Ky.....	1888
Means, J. W.....	Troy, Ohio.....	1888
McAfee, E. M.....	Indiana Mineral Springs....	1889
McElwee, L. C.....	St. Louis, Mo.....	1893
McLinn, G. H.....	Huntington, Ind.....	1888
Mardoff, C. H.....	Genoa, Ill.....	1889
McLennan, Donald.....	Holden, Mo.....	1889
Muncie, E. H.....	Brooklyn, N. Y.....	1890
Muncie, Libbie Hamilton.....	Brooklyn, N. Y.....	1890
Munson, H. O.....	Astoria, Ill.....	1892
Morley, F. W.....	Sandusky, Ohio.....	1892
Moss, O. B.....	Kansas City, Mo.....	1890
Marks, W. F.....	Reading, Pa.....	1891
Marks, A. J.....	Toledo, Ohio.....	1891
Miller, A. W.....	Anderson, Ind.....	1891

Miller, E. P.....	New York.....	1893
McCleary, R. B.....	Galesburg, Ill.....	1891
McFarland, T. S.....	Sedalia, Mo.....	1896
Martin, Robert.....	Milwaukee, Wis.....	1891
Newton, W. E. (Dead).....	Ligonier, Ind.....	1888
Nixon, E. E.....	Hot Springs, Ark.....	1888
Nicolay, William J.....	Bloomington, Ill.....	1889
Niebling, W. C.....	Findlay, Ohio.....	1895
Noe, O. D.....	Hammond, Ill.....	1897
Northrup, A. A.....	1894
Northrup, E. S.....	Kansas City, Mo.....	1894
Notrebe, E. P.....	Kansas City, Mo.....	1893
Nyssens, Ernest.....	Brussels, Belgium.....	1896
Osborne, H. W.....	Cleveland, Ohio.....	1888
Pritchard, W. E.....	Los Angeles, Cal.....	1888
Pauly, C. A.....	Cincinnati, Ohio.....	1888
Pratt, E. H.....	Chicago.....	1888
Pratt, Leonard.....	San Jose, Cal.....	1888
Parker, D. H.....	Eau Claire, Wis.....	1888
Patterson, J. M.....	Champaign, Ill.....	1892
Peltier, P. D.....	Hartford, Conn.....	1893
Pennoyer, N. A.....	Kenosha, Wis.....	1893
Pendergast, J. W.....	Cincinnati, Ohio.....	1889
Perky, Lenore.....	Lincoln, Neb.....	1893
Pettit, W. H.....	Cedar Falls, Iowa.....	1897
Phillips, J. R.....	Erie, Pa.....	1892
Pratt, C. Manville.....	Towanda, Pa.....	1890
Palmer, O. A.....	Warren, Ohio.....	1890
Primm, J. N.....	Hannibal, Mo.....	1891
Pitcher, A. O.....	Mount Pleasant, Iowa.....	1891
Putnam, T. J.....	North Adams, Mass.....	1894
Rodebaugh, H. A.....	Marysville, Ohio.....	1893
Ross, G. A.....	Fort Wayne, Ind.....	1888
Rhu, Auguste.....	Marion, Ohio.....	1892
Roberts, T. W.....	Winona, Minn.....	1888
Replogle, P. S.....	Chicago.....	1888
Runnels, O. S.....	Indianapolis, Ind.....	1891
Russell, L. E.....	Springfield, Ohio.....	1893
Steyner, J. F.....	Pittsburg, Pa.....	1888
Sax, Isadore.....	Crete, Ill.....	1888
Sawyer, C. E.....	Marion, Ohio.....	1892
Schantz, H. F.....	Reading, Pa.....	1892
Skiles, H. P.....	Chicago.....	1892
Streeter, J. W.....	Chicago.....	1892
Sharp, J. H.....	Genesee, Wis.....	1892
Shannon, S. F.....	Denver, Colo.....	1895
Schmucker, F. R.....	Reading, Pa.....	1892
Steele, W. G.....	Philadelphia, Pa.....	1892
Smith, Frank B. (Dead).....	Rochester, N. Y.....	1889
Shepherd, W. F.....	Glendale, Ohio.....	1889
Sherwood, H. A.....	Warren, Ohio.....	1893

Shill, C. W.....	Lafayette, Ind.....	1891
Siegmund, E. K.....	Chicago	1895
Slaughter, S. G.....	West Superior, Wis.....	1894
Smith, Emmet L.....	Chicago	1891
Smith, F. A.....	Toledo, Ohio.....	1891
Stone, Waldo Hodge.....	Providence, R. I.....	1894
Tait, T. Eliot.....	Creston, Iowa.....	1896
Trine, T. H.....	Chicago	1889
Townsend, H. S.....	Buffalo, N. Y.....	1892
Thacher, C. I.....	Chicago	1892
Terry, M. O.....	Utica, N. Y.....	1892
Tiffany, J. W.....	Centre Point, Iowa.....	1891
Thatcher, J. T.....	Oregon, Mo.....	1891
Travis, J. H.....	Elsie, Mich.....	1896
Turner, T. Sawyer.....	Binghamton, N. Y.....	1895
Turbin, Louis M.....	Chicago	1894
Tuttle, A. M. (Dead).....	Phoenix, Ariz.....	1893
Ullrey, A. O.....	Niles, Mich.....	1898
Vansant, J. F.....	Paris, Ky.....	1889
Vidal, Etting C.....	New York.....	1890
Van Scoyoc, L. G.....	Kansas City, Mo.....	1890
Van Norman, E. V.....	Los Angeles, Cal.....	1895
Walters, F. A.....	Stevens Point, Wis.....	1896
Warden, J. E.....	Springfield, Mo.....	1896
Weirick, C. A.....	Chicago	1892
Webster, William (Dead).....	Dayton, Ohio.....	1888
Whipple, A. A.....	Quincy, Ill.....	1894
Whitefield, T. A.....	New Providence, Tenn.....	1897
Whitfield, I. J. (Dead).....	Grand Rapids, Mich.....	1880
Walls, C. B.....	Chicago	1897
Warnock, J. T.....	Atlanta, Ga.....	1889
Wood, J. C.....	Franklin, Ind.....	1889
Williams, F. F.....	Canton, N. Y.....	1889
Wilson, Charles G.....	Clarksville, Tenn.....	1890
Welliver, J. E.....	Dayton, Ohio.....	1890
Waddell, William E.....	Chicago	1890
Waggoner, G. W.....	Corry, Pa.....	1893
Wilson, J. H.....	Bellefontaine, Ohio.....	1891
Winchell, H. R.....	Rich Hill, Mo.....	1893
Worcester, F. D.....	Springfield, Vt.....	1893
Walker, James Monroe.....	Denver, Colo.....	1893
Youngman, M. D.....	Atlantic City, N. J.....	1888
Young, Frank E.....	Canton, Ohio.....	1891
Young, E. Weldon.....	Seattle, Wash.....	1895
Zimmerman, H. A.....	Youngstown, Ohio.....	1892

DR. BARKER'S VOLCELLUM NEEDLE.

M. R. BARKER, M.S., M.D.

CHICAGO, ILL.

This is an exact cut of the new instrument as shown by Sharp & Smith, of Chicago. The needle has two arms—A, the needle arm, and B, volcellum arm. The needle arm is a spear point, both edges of which are sharp (this point may be sharpened at any time). The eye



FIG. 1.
Barker's Volcellum Needle.

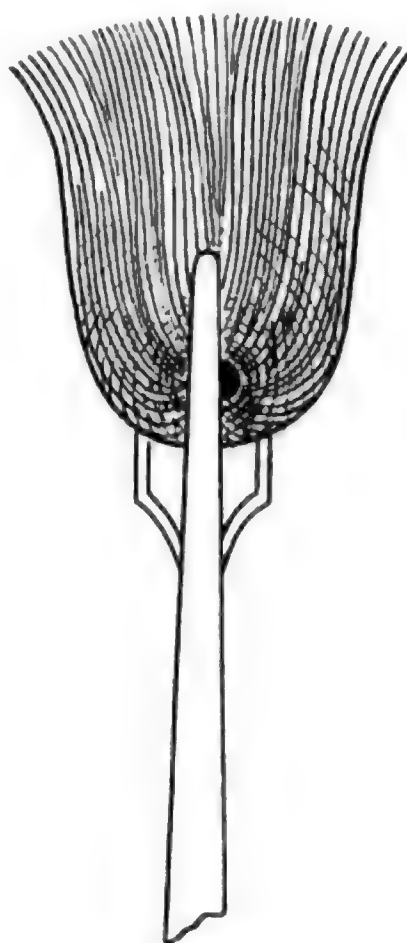


FIG. 2.
Needle applied to cervix high in vagina.

of the needle commences at the center of the spear point and extends through the center of the needle arm longitudinally about one inch. In other words, the needle arm is hollow from the center of the spear point back about one inch. Each end opening on the side of the needle arm A, No. 12 silk is easily and quickly passed through this eye. The silk or thread being passed from behind forward or toward the point of the needle. In arming the needle with a guy rope for uterine cervix the rope should be two feet long and passed half its length through the

needle. If this is done, when the needle is passed through the cervix and disarmed, the end of guy rope on anterior and posterior cervical walls will be the same length.

It is with pleasure we introduce this instrument to the profession. The surgeon will find the volcellum needle useful many times and in many places. Its chief value, however, is in uterine work, for which it was planned and made, and we will describe the manner of its application in this work only. In placing a guy rope in uterine cervix the

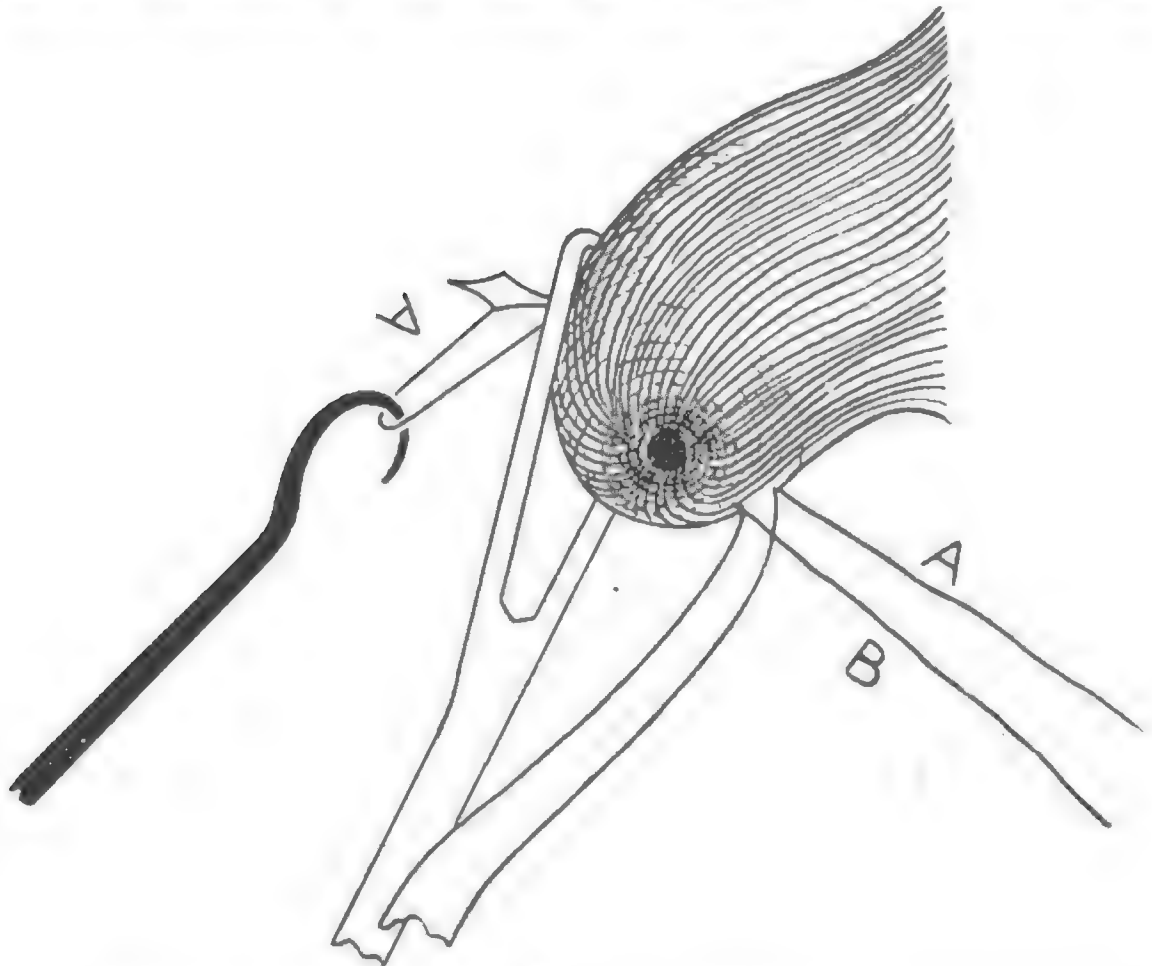


FIG. 3.

Uterus drawn down, cervix flexed and needle disarmed with hook. A.A. being drawn through needle. B. remaining unmolested in the tissue.

volcellum needle takes the place of the volcellum forceps, needle holder and cervix needle. One instrument instead of three. It is as quickly and easily applied as the volcellum forceps, hence the time in preparing and manipulating the other two instruments is saved. In the usual way of placing a guy rope in uterine cervix, with needle, needle holder and volcellum forceps, it is often necessary to support the cervix by placing the forefinger of the left hand on posterior wall of cervix. In this way the finger is often pricked by the needle passing through the tissue more quickly than expected.

All realize the danger that lurks in the prick of a needle, if the needle

has passed through tissue poisoned with syphilis or malignant disease and often the surgeon cannot know these things positively until the mischief has been done.

This trouble and the breaking of needles so frequent in the usual way is entirely eliminated with the use of the volcellum needle.

MANNER OF APPLICATION.

A speculum (we will say Sims', though any may be used) is first introduced into vagina and the cervix brought to view. The volcellum

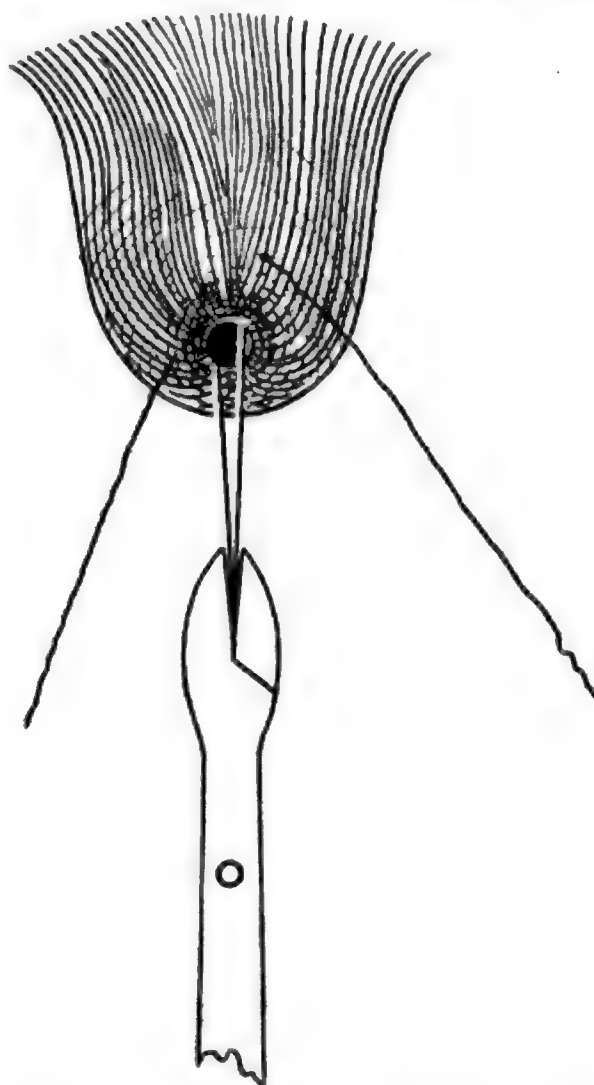


FIG. 4.

Drawing guy rope from cervical canal with artery forceps.

needle armed with guy rope and locked is turned on its side and passed into the vagina along the surface of the speculum until the cervix is reached. It is passed in this way to prevent point of needle being dulled on speculum. The needle when locked is about the width of the blade of speculum. When cervix is reached needle is unlocked, turned and applied to cervix. The needle arm on anterior and volcellum arm on posterior wall of cervix. The needle is now closed and locked,

as shown in Figure 2. The cervix is now in control of operator. The speculum at this point may usually be removed and the two fingers of left hand introduced into vagina to depress its posterior wall. The cervix is brought to the anterior vaginal wall so that the point of the needle, which now penetrates the posterior wall of cervix, will not come in contact with posterior vaginal wall while drawing uterus down. The uterus is drawn down as far as necessary, and the cervix flexed anteriorly as seen in Figure 3. Thus the eye of the needle armed with guy rope is brought plainly in view as it projects beyond volcellum arm of needle. The guy rope is now seized with a blunt hook or tenaculum, and the end which passes through the needle drawn out, not molesting the other end. (See Fig. 3.) Both ends of guy rope are now grasped in the left hand and the cervix held by these while the needle is unlocked and removed.

An artery forceps is now introduced into cervical canal and made to grasp the guy rope as it passes through the canal antero-posteriorly. (See Fig. 4.) The guy rope is drawn out until it is equal in length to the ends of the anterior and posterior cervical walls, when the artery forceps are removed, the guy rope cut at point grasped by forceps, the two anterior ends and two posterior ends tied, thus completing guy rope.

The volcellum needle is also very useful in ventral fixation of uterus. The suture that is to fasten the uterus to the anterior abdominal wall being quickly and easily placed in the fundus, in the same manner the guy rope is placed in cervix. After the needle is removed from the fundus, the needle and volcellum arms may be separated and the volcellum arm laid aside. One end of the suture is now threaded into the needle arm and the needle passed from within out through the abdominal wall; the needle is unthreaded as described in the cervical work. The other end of suture is proceeded with in the same manner. The two ends are then fastened as best suits the operator.

It is hardly necessary to separate the needle and volcellum arms in placing ends of suture through abdominal wall. The only objection to using them together is: the two points on end of volcellum arm will penetrate the integument when the needle is passed, but they never pass deeper than the integument and never cause trouble.

Very frequently it is not necessary to use speculum at all in applying the needle to the cervix, the two forefingers of left hand serving the purpose better.

F. O. HART, M.D.

DIED OCT. 10TH, OF APOPLEXY.

WEST UNITY, O.

The news of Dr. Hart's fatal illness, followed so suddenly by the tidings of his lamented death, came upon his many friends with a singular shock.

It is hard to think that the rigid limit of two-score and three years should be the term of so much activity and energy.

But the fine vitality and power of such a character will survive his death.

In the affection of those who knew and admired him, he will live long as an enduring memory and a wholesome inspiration. He possessed an unusual quality of energy and industry. His career is remarkable, in that he had risen to his prominent position not only through his own efforts, but in the face of the greatest difficulties.

He began his education in the district schools, but his privileges being somewhat limited, he was determined to remedy this if possible. Therefore he left home, and began work as a farm hand. He counted no sacrifice too great that brought him nearer the goal of his hopes. He studiously read borrowed books, and when he could save enough money purchased additional volumes, spending his evenings and leisure hours in study.

Thus he fitted himself for entrance into the high school of Shelby, Ohio, where he pursued a thorough course with good results. He next determined to read medicine, and in order to meet his expenses taught school.

He continued reading for three years under the direction of Dr. Clay, a homeopathic physician of Shelby. In 1874 he entered the medical college in Cincinnati, and was graduated in 1876. The same year he located in West Unity, Ohio, and was compelled to work as a farm hand in order to earn money to start himself in his professional career.

In 1883 and 1884 he attended lectures in the University of Michigan, receiving his diploma in June of the latter year. He has since taken several post-graduate courses, besides special work in different institutions, holding at the time of his death seventeen diplomas and certificates. He gradually advanced in his chosen calling, until he occupied a place among the most successful homeopathic physicians in Ohio.

Dr. Hart was the possessor of the most extensive library in north-

western Ohio, and a cabinet completely equipped with the most improved surgical instruments, his specialty being surgery, and the eye, ear and throat. He was a member of the American Association for the Advancement of Science, the American Board of Health, the International Congress of Medicine and Surgery, the American Institute of Homeopathy, the American Association of Orificial Surgeons, the Northwestern Ohio Homeopathic Medical Society, the Miami Valley Homeopathic Medical Society, and was a life member of the Ohio Archæological and Historical Society, and had been vice-president of the Ohio Homeopathic Medical Society.

THE EGO,

C. T. BENNETT, M.D.

DETROIT, MICH.

With anxious expectancy I have watched the pages of this valuable journal, hoping to find an explanation of the reason of the wonderful results following the practice of the orificial philosophy.

A clear and definite understanding of this part of the subject has important bearing upon the work.

To carry it forward using the same old physiological expressions and theorizing as has been done since the time of Galen is confusing to the logical mind, and also false to the truths upon which it is based.

To work with merely a knowledge of results, ignoring their cause, is like groping in the dark: it is simply empirical.

Orificialists tell us when the treatment of any of the different organs themselves fails, to look for the cause or source of the trouble in the lower orifices of the body; but none of them tell us the reason for doing so. The time was when the question presented itself to my mind, why is it in treating the lower orifices that such direct results are produced upon organs so remote from the seat of action? For instance in diseases of liver, stomach, heart, brain or nerves, it makes no difference what tissues are not being rebuilt or what inharmonious action of any organ may exist, great results for the better follow.

Continued thought and study were attended by the question, what have we down here in these lower orifices which, when *stirred up* gives such varied results? Belief in my old physiological teachings, that this body is a laboratory and all its organs only receptacles therein (and this never did seem right), began to be shaken, and the more I saw of this work, and the longer I continued its practice, the less correct seemed these teachings, so that from my own clinical experience I was forced into another line of thought.

I have been compelled to treat the human body as a unit, a whole. I find two separate, distinct individualities, one of which is the mind, or that part which thinks and reasons, and the other, what is it? The science of biology alone can tell us, treating as it does of all forms of life, both animate and inanimate.

It tells us of those very minute forms, from those which though composed of only one cell are perfect organisms, to those which by differentiation become more complex, having size, shape and form.

The progressive studies, morphology, anatomy, histology and physiology, are only the outgrowth of biology, telling of the different parts and parcels of nature's makeups. From this point of reasoning we will proceed step by step to the physiological theory of to-day, leaving the laboratory idea and considering the body as a whole.

When the stage of development is reached where these beings have size, form and shape we find they must be classified, which brings us to the study of morphology.

Notice the beginning of this class, all those creatures having backbones and walk upon the face of the earth are called vertebrates, and this is the class to which this creature man belongs. He is simply a vertebrate. Those beings having wings and feathers, walking and flying and some of them swimming upon the waters of the earth are called the bird family; man does not belong to this class.

It is unnecessary to continue the division and subdivision of the different classes in order to obtain a broad view of our subject and to show that this creature man, the one with which we have to deal in the healing art, is but one of these makeups of nature. He belongs to that class all of which begin with a small cell, a molecule. And what is it? Let us consider the fact that each one of these belonging to the vertebrate family begin with a cell. When these beings get up to where there is size, shape and form, to know what is therein, what they do and how, brings out another study of itself which is called anatomy; and if this being is man it is called human anatomy.

Farther investigation brings us to tissues, bone tissues, nerve and muscle tissues. These are only tissues as we see them, but so differently composed and arranged and so curiously woven into one common whole, and some of them so fine they must be microscopically traced, and this brings us to another study called histology, and with reference to these tissues of this creature man it is called human histology, these tissues having been put together in shape and order for the carrying out of an object, viz.: reproduction.

These sacs, or cells, as they seem to be, piled and grouped together, and which we call organs, bring in and out of themselves another study, physiology, and applied to this creature man it is called human physi-

ology, teaching the use or office of each organ, what they accomplish, how and why. Collectively, they are called that physiological being.

To my mind it has always been a query why all of these ologies began here and stopped; every stress being laid upon these different organs working right and harmoniously, and here the study being finished, calling the whole a laboratory (and in what sense is it a laboratory?), and each organ a receptacle therein, the question being what shall we administer or put into these receptacles to make them go right when their action is inharmonious? Even to this present day the central idea being we must *give* something *to* something to *make* it accomplish something, not recognizing it is orificial work which is destined to revolutionize this fallacious reasoning, establishing a principle for theory and relegating those old physiological ideas into the background.

Permit me to inquire what is the foundation of reasoning which establishes the idea that there is one controlling, governing power of the voluntary and another of the involuntary motions and actions of the body?

Let us return to where this body first began, a molecule. Without going into technicalities in explanation refer to biology. Take, for example, a kernel of corn, wheat, oats or rye, each a seed of one of nature's makeups, each has a power in it. We cannot see or make this power, we know it exists, for when placed under favorable environments it begins to grow; go back to that tiny molecule, the beginning of the human body, which is only another seed of one of nature's makeups, and which under favorable environments, by this same force or power within, *not by the addition of cells from the outside, it is done by a power within*, pushing out from within, and then dividing up into more cells from this, a filling in and a developing, showing that a *power within* is doing this work, and not a mere something with no individuality. By this same force or power are formed and added thereto more cells, a few more to these, and others and others, soon there is formation of bones, and tissues, put together and arranged forming heart, liver, stomach, brains, etc. Is all this the work of mind? It cannot be, for mind is not yet developed, neither is it being done by chemicals. Then what is accomplishing this immense work? Must there not be an individuality throughout the whole? There must be. And what shall we call it? By what name shall we designate it?

If we will but consider this body a mechanism we shall soon be able to designate it by its proper name. In a mechanism when something is being accomplished there must be a power to accomplish it. The same must be true of this mechanism the human body, there must be a power within it, an innate, natural power, existing in the germ cell and in every one added to it.

Why may we not properly assume that this human body is a mechanism? I am told it is too unscientific in form of expression; I refer you to Davis, authoritative biologist; he begins with the molecular stage of the frog, carrying it through its favorable environments and developing it into a fish, and later on into a frog. Now what is Prof. Davis' conclusion? "Gentlemen, here I have a mechanism!" He does not say it looks like one, appears like one, or acts like one, but simply declares he has one. If this scientist applies this expression in his reasoning and conclusion, is it unscientific in this case?

Now a mechanism is a machine made for a specific purpose, there must be a power that runs it, instruments through which this power can act, and agents therein to carry out the object for which it is made.

In order not to jump at conclusions, let us compare this structure, the human body, with some other mechanism, together with its functions and object, and notice the simplicity. For instance, the mechanism, a watch; its object, correct time of day; the mainspring contains its power or force; the chain and wheels therein, instruments through which this power acts; dial plate and hands are agents to carry out the object for which it is made. The human body, its object, reproduction. To discover the power which runs it, return to the germ cell (a seed of one of nature's makeups), in this was a power, and also in every cell added to it until the whole was complete and filled with the same kind of force; there was not going to be enough of this power in this cellular mass to carry on all that was to be demanded of it, so He who was its Great Author (and He is the Master Mechanic) put therein this great sympathetic system of nerves which contains that extra amount of this same power that does the rebuilding of every tissue and the carrying away of all the worn out material. The cerebro spinal system of nerves is only the instrument through which this power acts, the different organs of the body are the agents which carry out its object.

If this is incorrect I ask the favor of some of the contributors of this valuable journal to put me right upon this subject.

When medical authorities recognize that the impairment of this power is the source of the majority of diseases, there will be less theorizing about this and that reflex; constipation will have a meaning outside of liver or stomach derangement, and there will be no questioning as to whether this or that case comes under official philosophy and practice. It will be, whenever we have a lack of force or power to rebuild this or that tissue, examine the lower orifices of the body where are so thickly distributed the sympathetic system of nerves, not the different plexuses, the solar, cardiac, cervical, lumbar, etc., *but the whole sympathetic system of nerves, because in it lies an individuality, an ego*, which is of itself the force or power giving the ability to accomplish all that which in and

by the common whole, not to simply govern and control; it will also be evident that any diseased condition is the result of its impairment.

A knowledge of this truth will furnish an answer to the question what is the reason of the success of orificial practice?

Shall we allow history to repeat itself, linking the advanced intelligence of this age with the ignorance and superstition of the sixteenth and seventeenth centuries, when Harvey's discovery of the circulation of the blood was for two hundred years treated with hostility and contempt?

I urgently request that old prejudices shall not be permitted to form a bar to the thinking out and introducing into practical use the discovery of the existence of a power or force, an *innate natural* power or force, an ego, the truth of which has been during the past eighteen years clearly demonstrated by clinical experience.

INFANTILE CONVULSIONS.

CHARLES SINCLAIRE ELLIOTT, M.D.

KANSAS CITY, MO.

A convulsion is a condition due to excessive discharge of motor impulses from the nerve center, and characterized by excessive muscular contractions.

Convulsions may be clonic—that is, the muscles rapidly and alternately contract and relax in an exaggerated and irregular way—or they may be tonic—that is, contracted steadily and continuously.

Convulsions may be general, that is, involve all the voluntary muscles; or may be localized, that is, affecting the limb on one side of the body, one limb alone or only the face.

Convulsions occur most frequently in that period of life from birth to the seventh year of age. The most rapid period of growth of the brain is from infancy up to the age of seven years. During that period the brain is developed far in excess of the other organs of the body; hence the greater preponderance of brain affections during infancy.

The frequent recurrence of convulsions, from reflex causes, in early infancy is fraught with twofold danger: First, they have a tendency to impair the intellect and render the child, in a large degree, a dependent creature; second, they may engender the convulsion habit and thus give rise to epilepsy, the attacks of which occur notwithstanding the removal of every source of irritation.

The causes of convulsions are most manifold, but for convenience, may be divided into two classes: Those which are due to organic brain lesions, or brain diseases, such as meningitis, cerebral tumors, injuries to the brain, etc.; those which are produced by casual influences to be enumerated below.

Those cases of convulsions caused by essential diseases of the brain, such as meningitis, cerebral lesions, etc., do not come within the class considered in this article; but only those belonging to the second division, those caused by casual influences.

One of the most prolific causes of convulsions is some irritation of the gastro-intestinal mucous membrane. This may be the result of overloading the stomach, or from the child having eaten some indigestible article of food. In some cases worms, especially the type known as lumbrici, may act as the source of irritation. Thread worms scarcely ever cause convulsions, although they are generally thought to do so.

A frequent cause of convulsions is the giving of castoria or castor oil—that is, where not quite enough has been given to move the bowels, but enough to set up irritation and pain of the bowels.

One of the most frequent predisposing causes of convulsions in children is the condition commonly known as “rickets.” In this affection it is not only the bones that are defectively developed, but the whole system. The period at which rickets chiefly occurs is between the sixth and eighteenth months of life.

Teething has been ascribed as a cause. No doubt but that in many cases the process of dentition has an influence, especially in those cases of delayed dentition due to the constitutional condition commonly known as scrofula; however it is not the factor in the production of convulsions that it was formerly supposed to be. Convulsions may be produced by various other peripheral irritations, such as a tight, constricted foreskin over the glans penis in the male, or a bound down, hooded clitoris in the female.

The onset of an acute febrile attack, in infants or children, may produce a convulsion. Especially is this the case in children of weakly constitutions who are almost certain to have an attack if their temperature reaches the neighborhood of 104 or more. Convulsions occurring at the onset of an acute febrile attack may often prove misleading in arriving at a correct diagnosis of a case. Especially is this true in those cases of so-called cerebral pneumonia of children, where the disease sets in with a convulsion followed by high fever, headache, delirium, great irritability, muscular tremor, and perhaps retraction of the head and neck. In such a case the diagnosis of meningitis is almost invariably made, the local affection, inflammation of the lung, being entirely overlooked.

The exposure of infants to the intense heat of the sun may induce a convulsion. Nurses should be cautioned against the taking out in the sun of children during the middle of the day. During the summer, babies should not be taken out riding excepting in the early morning and the cool of the late evening.

Convulsions occurring during the first few days of life are, as a rule, due either to direct injury to the brain during the process of birth, or to congenital malformation of the heart.

The inheritance of a neuropathic constitution is a powerful predisposing factor in the causation of convulsions.

In many instances convulsions occur without any discoverable predisposing or exciting cause.

Symptoms.—The attack may come on while the child is asleep, or again at other times when it is awake. The onset may occur suddenly, but usually there are premonitory symptoms, such as a restless and irritable condition, slight twitching of the mouth, some abnormal movement of the eyes, or the facial aspect changes often.

When the convulsion comes on the muscles become stiff and immovable, the head turns to one side or is retracted, the muscles of the face twitch and the lips are drawn in varying directions. There is a sudden fixation of the eyes, which are often rolled up or down or to one side, or may converge or diverge. The face, at first, is pale, but as respiration is more and more interfered with, it becomes congested and assumes a dusky hue. Often the face of the patient is so greatly distorted as to make the aspect of the sufferer one that is pitiful and one which fills the patient's friends with terror. The hands are generally clenched, with the thumbs turned in. The pulse is usually very rapid and small. There is usually loss of control over the sphincters, and as a consequence, an involuntary passing of the urine and feces.

After a short time, varying from 30 seconds to one or two minutes, the tonic spasms relax and then either pass off or become clonic as in an epileptic fit.

The duration of an attack may vary from a few minutes to one or more hours, and as the convulsion passes off, the muscles relax, the convulsive movements cease, the face assumes its normal appearance and, as a rule, the child passes into a quiet slumber. Frequent, or very long protracted convulsions may cause death by exhaustion.

Screaming fits is a term applied to those convulsive attacks ushered in with a scream. There may be nothing more than a scream and quick breathing or grinding of the teeth, and brief rigidity of the limbs.

Very frequently physicians are consulted in regard to a condition that is commonly called "inward spasms or fits." In such a case the infant lies as though asleep, but rolls its eyes and groans, the muscles of the face are drawn, and occasionally there is a pale ring around the mouth. This is not, strictly speaking, a convulsion, but merely reflex phenomena produced by the overloading of the stomach, and can generally be speedily overcome by looking well after the child's diet.

The successful management of a severe case of convulsions, by a

young physician, will often go farther towards establishing his reputation than the management of a more severe and complicated disease; for the young physician rarely gets a hearing in the management of grave diseases, whereas he often is called to treat children in convulsions, and the ability and success which he shows in the management of these troubles will be the means of laying a foundation for future employment.

As a rule, when the physician arrives on the scene, he will find nearly every child and old woman in the neighborhood standing around the bed, or, perchance, around a tub of hot water, sometimes impregnated with mustard or other irritants, in which the little sufferer is being held. His first duty is to clear the room of all these people, with the exception of one or two good assistants, thereby allowing the unfortunate patient to have a due amount of fresh air; then have the child either quickly dried and placed on a cot or bed, or substitute cool water for the hot. The hot bath has obtained a world-wide reputation as a panacea in convulsions, and is in general use among the laity. This line of treatment is erroneous, and is often productive of harm. If water is to be used at all (in convulsions accompanied by a high temperature it will often prove beneficial), it should be employed either in the form of repeated sponging with cold water (all the clothing having been previously removed), or in the form of a dip in cool water.

If the convulsion continues more than half an hour, a few whiffs of chloroform will often prove beneficial and will be productive of no harm, as it requires only a very little of it in children to produce relaxation.

If the convulsion is due to gastric or intestinal irritation, due to overloading the stomach or the result of indigestible food, the first line of treatment is to unload the stomach, by irritation of the fauces with the finger, thereby causing the child to vomit, and evacuate the bowels by means of a copious injection of warm water.

In those cases due to an underdose of castor oil, evacuate the bowels by an enema and antidote the effects of the cathartic by a few doses of *nux vomica*.

In those cases where difficult dentition seems to act as a factor, lancing the gums over the offending tooth or teeth does sometimes facilitate its eruption, and thus lessens any irritation that exists.

Convulsions due to intestinal irritation, the result of worms, should after the attack passes off be treated with a vermifuge; usually *santonine* will do the work effectively.

A convulsion may often be modified in its severity, or even cut short like magic by rectal dilatation with a rectal speculum, or, if that is not handy, insert one or more fingers well lubricated. It is said that a con-

vulsion may frequently be checked by turning the patient on the left side.

In those cases of malarial intermittent or remittent, where during the stage of fever a convulsion occurs, the treatment, of course, is directed to the breaking up of the malarial condition, during the intermission or remission; but often the attack can be averted by giving a few doses of *veratrum viride* just as the fever begins to rise.

In all violent febrile and inflammatory affections, where a child is threatened with a convulsion, or where it has already had one or more, I know of no remedy that will surpass *veratrum viride*. It is especially indicated in those cases where there is violent throbbing of the carotids and temporal arteries, flushed face or face purple, nausea and vomiting and great rapidity of the pulse.

Belladonna is indicated in those where the face is flushed, the head hot, the eyes wild and staring, pupils dilated, throbbing of the carotids, and there is an excessive nervous excitability with exalted sensibility of all organs. The least noise causes the child to start and may bring on another spasm. One marked symptom calling for its use is twitching of a group or of groups of muscles, especially the facial muscles, or of one or more of the limbs.

Ignatia is the chief remedy to be thought of in convulsions occurring in children after a fright or other violent emotion; also convulsions occurring during dentition and at the beginning of the eruptive fevers. It is especially called for in all forms of convulsions where the nervous element is predominant.

Nux vomica will prove of especial value in convulsions due to gastric or intestinal causes. Oversensitiveness to external impressions, odors, light and noises; convulsions with tetanic rigidity of nearly all the muscles of the body; severe clonic spasms every five or ten minutes; the spasms so severe and the suffering so great that the patient groans continually; lips blue, eyes protruded, foam at the mouth and the thumbs firmly pressed against the palms.

In every case of convulsions, the first important measure, after the attack has passed off, is to search for the cause, and if possible remove it; for if the underlying cause is allowed to continue unchecked, the temporary treatment applied during the attack will prove of no avail and the convulsions will return again and again.

EDITORIAL DEPARTMENT.

IN MEMORIAM.*

Mr. Chairman, Ladies and Gentlemen, Friends: The faculty, students and friends of the Chicago Homeopathic Medical College are met to-day to deliberate and commune together over the loss of President Mitchell.

We are a large, and were a happy family until our father left us. J. S. Mitchell was not merely our presiding officer and one of the teaching corps of the college, but he was the warm personal friend of every one of us. There was not one among us so cultured, so just, so capable, so considerate, so symmetrical, so lovable and so loved. Our best and dearest has greeted us on earth for the last time and from now on we must get on without his personal participation in our affairs. We knew him as we know each other, simply by appearances. Perhaps my meaning will be made plainer by illustration. No one has ever sensed electricity. We have seen the lightning and heard the thunder, felt, tasted and smelled other methods of its expression, but electricity itself has always been and must ever be a reality completely hidden from physical observation. So, too, we have never sensed a thought or an emotion. We have observed by our various senses the physical expressions which these have assumed, but the realities themselves appeal only to spiritual faculties. Through our physical means of observation we only know them as we apprehend them by processes of deduction.

The same proposition applies to Dr. Mitchell, and, in fact, to every conceivable entity. We have been cheered by the light of his smile, thrilled by the melody of his voice, encouraged by the grasp of his friendly hand, but the man, in the symmetrical beauty of his real self, we have never met, nor shall we be permitted to do so until our veil of flesh is rent and our spiritual senses are awakened to the apprehension of spiritual forces. The realities of existence will all be hidden from our view until our wanderings through this maze of mere appearances are brought to their close. If we can but realize the great

*Closing remarks at the Memorial exercises held at the Chicago Homeopathic Medical College, afternoon of Nov. 13, 1898, in recognition of the death of its president, J. S. Mitchell.

truth that all with which our physical observations acquaint us is necessarily transitory and passing, perhaps, we can become more resigned to the shifting of the scenes of time in the hope of more permanent realizations later on, when our institutions, ripened into practical faculties, shall disclose to us the things that are truly real, substantial and indestructible. As it is, we estimate all entities by the signs of physical expression which they put out for our observation, and when these are taken down the entities themselves are lost to us, except as we retain the memory of their appearance. So long, however, as the signboards of time stand to us for all that is, we miss them when they are taken down. But there can be no signs without something to produce them. We can therefore be sure that there can be no appearances without realities to shape them. The fact that Dr. Mitchell projected a form which we have all seen and heard and felt so many times tells us that the man himself was, and may we not rationally infer still is, a veritable reality, although deprived of his former means of appealing to our consciousness? This thought, it seems to me, must strengthen our faith in immortality, and for our comfort and consolation we cannot be too thoroughly persuaded that our loved ones never die. For then we may hope to be with them again. We have, then, only to wait.

We are persuaded of the reality of electricity; we are persuaded of the reality of thought and feeling; we are persuaded of the reality of all forces, and why should we not as logically be persuaded of the reality of the continued existence of our departed friends by the mere fact that we have at different times sensed their earthly expression? We do not conclude that electricity has become extinct because the lightning goes out or the thunder ceases to vibrate upon our ears, or whatever form it takes on is dissipated. We do not suspect that thought and feeling are dead every time their physical expression passes away. Why should we with any more reason conclude that annihilation of an individual has been accomplished when the tabernacle it has built for its earthly purposes has been laid away? We know nothing of realities except by physical signs, and our judgment of their quality is based upon the inward meaning of the physical expressions which appeal to us as we are able to figure them out. We know of fear by its cowardly operations upon the excretions; we know of appetites by their operations upon the secretions; we know of love by its warming and we know of hate by its consuming; we know of thought by its illumination and of stupidity by its dullness; we know of all forces by the facts we observe. After this universal manner by which we study all life we must estimate the character of Dr. Mitchell. We know that he was kind and forgiving, for he never showed resentment. We know

that he was thoughtful, for this institution is one of his thought products. His original work in the treatment of cancer, his pioneer paper upon Addison's disease, his wise administration of the affairs of the World's Medical Congress assembled in '93, of which he was the president, the speeches that he has made and the papers that he has given to the medical profession, have all given ample evidence of his power of thought. We know that his loves were strong, for he was true to his family, true to the college, true to his country, true to humanity, true to his God, as only a man who loved with his whole heart whatever he believed to be right can be. We know that he was charitable, for he sowed not knowing who would reap; he gave bountifully of his time and means to whatever cause he espoused, always spoke well of his fellows, and when he could not do this said nothing. We know that he was scholarly by the masterful manner in which he graced every occasion of his public and private appearance and by his wonderful versatility of knowledge and its expression which he manifested upon every occasion. We know that he was liberal-minded, because he was ever the friend of progress, hospitable to every new idea of merit whatever its source, demonstrating that his love for humanity was greater than his mere personal interests. We know that he was good for we have never seen him anything else, and a quarter of a century of close companionship has given us ample opportunities for observation.

But he has left us and we shall certainly miss him sadly. But shall we mourn him? Each soul must answer this question for himself alone. As for myself, I have seen his face grow paler, his figure more wasted, his steps feebler, his voice fainter, indicating that his body was wasting faster than repairing for several years past, so that his sudden leave-taking was by no means unexpected. I was prepared to part with him as well as one can ever be prepared for the loss of one who is dear. To me he was an ever-present source of help and inspiration. But earlier experiences in life have taught me to purify my loves and separate the love of self from the love of friends and associates. I should grieve with a friend who had lost home or fortune or position or earthly friends or consolation of any kind, for all these involve privation; but death is different. It terminates all earthly struggles, annihilates all earthly cares, dispenses with all earthly burdens, and is an end to earthly disappointments and yearnings and heartaches, and means from an earthly interpretation, which is our only point of view, complete tranquillity. The grave or the urn is quiet and restful. Here is peace and undisturbed repose. There may be enough enjoyment in life when the body is vigorous and able to serve satisfactorily the mandates of the soul to compensate one for the struggle of

living, although even then there is so much bitter with the sweet that the mere physical enjoyment of living would scarcely be considered enticing were it not for the soul evolution which the experiences of earth life involve. But when the buoyancy of youth has sped, the vigor of middle age has passed away, and the waning functions of a crumbling body disappoint the indwelling spirit with its shrinking possibilities of physical expression, earthly scenes and experiences lose their fascination and hope and expectation are transplanted from time to eternity. When a human house becomes uninhabitable for a friend of mine no selfish longing for his physical companionship would prompt me to desire him to stay his departure for the better world on my account. I loved Mitchell, and I trust and believe that it is well with his soul; but I congratulate him upon his release from fleshly encumbrances. I would not distress him for my accommodation, to the cost of his physical prosperity; much less would I now, if I could, delay his release from bodily bondage and prolong the agony of an earthly existence that had become intolerable to him. His comfort and happiness must rise superior to my own in the crises of his own evolution.

When he became too feeble to fill his chair in the college we gladly supplied his place and relieved him from the toil, and now that he is gone and unable to fill the presidential chair we can readily spare his official guardianship. But his spirit we can never spare. Nor will we have to. While memory lasts and the Chicago Homeopathic Medical College continues in existence the memory of J. S. Mitchell will be its presiding genius. He gave it the stamp of his character at its birth, guarded the earlier part of its career, and its character for integrity and effectiveness is already so well established that it should not be difficult for us to sustain its continuance. The imprint of Mitchell on the institution is etched into the organization so deeply that no change of time can wipe it out. Although he has passed from our sight the benediction of his wise guardianship will not pass away.

But the first volume of our history as a college is now closed. President Mitchell, with his rich endowments of mind and heart that have served us so long and efficiently, will not meet with us or advise us or help us again. He was our Washington, for he fathered our existence. He was our Lincoln, for he guided us safely through the troublous times of our domestic differences out of which we merged a college for the education of men only. He was our McKinley, for the vote of the faculty was always his will.

The day is near its close, and our memorial services are ended. Tomorrow we begin the next chapter in our history as a college. If selfish considerations for what we must miss from now on still cloud our hearts let us resign ourselves contentedly to the requiem of the coming

night. Sleep is nature's cure for sobs. Slowly do our faculties fold themselves like the petals of a flower at sunset, and when we are finally wrapped in unconsciousness all our grief and anguish and distress and care and trouble are forgotten, for these belong only to the conscious mind and have to do with the fancied wants and needs of the waking state. On the morrow the necessities of a new day will stimulate into activity our waking energies, and riper, kinder, wiser, and stronger for the suffering through which we have passed we will bravely meet the problems of our institution as they confront us. We each and all of us will soon join the long endless and steadily moving procession in which President Mitchell has but just preceded us, and our time for the completion of our earth work is brief. How long we are still to toil on amid the confusion of this primary school of life is wisely kept from us. It may be but an hour. For fear that this is so, let the next hour be our best. It may be but a day. Let this thought secure for to-morrow the most conscientious work we have ever accomplished. It may be but a year. In any event our safest way is to live the coming year as though it were to be our last. Acting thus continually under the inspiration of the thought that our earthly affairs are soon to be closed, just as those of our president have now ended, we will be always at our best. This, and this only, will ensure prosperity for our college and a consciousness of duties of all kind, public and private, well done. In this lies our hope of peace and happiness now and forever.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

17. "Give your failures" was a request made by a member of a medical association to an essayist during the discussion of the paper. It seemed like a simple, straightforward request. It is frequently made, and nearly always with the intent of obtaining help that will enable one to avoid making similar failures. "Things are not always what they seem" at least to many minds. During the war of the rebellion in '62 and '63 many people in the north declared the war a failure, and in editorials, on the platform and in private discussions advocated and believed the assertion to be true. They pointed out to sustain their position that the confederate army had not been subdued, that battles had been lost by the Union army and that the Davis government still continued to be acknowledged by many states and even by other nations. Now, no one claims that war a failure.

In individual effort the experiences of almost any of the great inventors contain periods when their acquaintances and friends pronounced their attempts to practically utilize their ideas failures.

The very effort made either collectively as of an army or singly that at the time was not an apparent success, but a seeming failure, often was a positive help to the ultimate accomplishment of the purpose in that it showed either defective application of energy or revealed more clearly the character of the obstacle to overcome. The mere fact that 75,000 men were not able to overthrow the rebellion in three months did not mean that President Lincoln was a man of poor judgment or that he was incompetent for the position he held. Yet some of his contemporaries thought he failed.

Because some generals are incompetent to handle an army it does not follow that it consists of inferior soldiers or that they have not the essential elements of success if properly handled. Neither does it follow that because a doctor tries to apply principles which he does not understand or to use methods in which he is not skilled that the former are wrong and the latter useless. Some of the readers of this journal are homeopaths, but they are not willing to call the law of that school a failure and renounce that method because all who practice it do not succeed in restoring to health curable cases.

No, all efforts that to the superficial observer seem to be failures are not what they seem. To give our failures does not necessarily mean that the methods we tried to use are failures, but that the failures are strictly our own. Because we did not succeed in the use of obstetrical forceps on the first trial did not of course mean that forceps could not be applied nor even that the pair we tried to use were not good ones. The failure was strictly our own and it would be manifestly unjust to lay the blame anywhere else and say the failure was that of any other.

How easy it is for you, my reader, now to insert the female catheter into the urethra without the assistance of ocular inspection, and yet it is not so with the novice; he sometimes fails, but it is not because the catheter and the method are at fault. The failure is his. Again, because some of us may have made failures at times in doing such common acts as the two above mentioned we would not think them sufficient to justify others in calling us failures as physicians.

The knowledge that comes from experience is necessary to enable one to arrive at a correct conclusion as to whether a theory of a plan of treatment is founded on a false premise. A physician must not only be able to carry out the treatment, but also understand its principles if he would not make many failures, because he would apply it to cases that do not come within its scope. The failure to cure therefore properly is the physician's and not the failure of a method that has been injudiciously selected for cases to which it should not be applied. Too often, however, the blame is not properly placed where it belongs, and a useful measure is unjustly condemned.

18. J. B. Wheelock, M.D., of Minnesota, in the Minneapolis Homœopathic Magazine, recommends for subinvolution and endometritis the following preventative treatment: First, coition should not be practiced for at least eight weeks after confinement. His investigations showed that over ninety per cent of the cases did not go over four weeks, the majority of these two weeks and many not two days after parturition before holding sexual congress. It should not be practiced near the menstrual period. Second, mechanical and therapeutic treatment, galvanic current almost to the point of cauterization of the diseased tissue. Negative active copper electrode used in uterus, indifferent electrode over hypogastrium. If abundant flowing, positive used in uterus. Follow electric treatment with thorough cleansing of uterine cavity with antiseptic cotton and if endometritis be present apply iodized phenol to the intra-uterine surface. Follow by use of boro-glyceride tampon. In subinvolution he uses also the primary faradic current with the cup electrode to the fundus. For internal treatment he advises the indicated remedy. The treatment advised in the main is good.

Chronic endometritis is common in unmarried women, due to constitutional and debilitating influences. These women do not indulge in sexual congress. Some of them do practice mental masturbation, which is more harmful. The parts are longer congested when the mind is sensual than in coition. Of the two causes the former is the more harmful. If there be pelvic inflammation, the primary faradic current should not be used; it will do harm. When it does not exist, but while there is a lax condition of the tissues of the pelvis, a loss of tonicity, then the primary current as strong as can be borne, with a frequent breaking of the current, will be of great benefit to the patient, and its results at once perceptible to her.

19. In a paper, "Treatment of Pelvic Inflammation Through the Vagina," by William Rice Pryor, M.D., the following are some of the suggestions made:

The incision is made into the posterior cul-de-sac, severing but two anatomical tissues, the mucous membrane and the peritoneum. The

uterus is then freed from adhesions, pushed behind the symphysis, and the posterior flap drawn down. The table is then tipped to an angle of 40 degrees. The intestines fall back and an unobstructed view of the contents of the pelvis is obtained. He has been able many times by this method to show the vermiform appendix, high cancer of the rectum, obstructed and dilated uterus, pelvic exostoses, and the various lesions of the uterine appendages. One point he emphasizes by the vaginal operation, and that is, the value of the opportunity to secure drainage.

He finds this method useful in the treatment of hydrosalpinx, chronic salpingitis, ovarian hæmatocele, cystic ovaries and in acute salpingitis. In the last disease he enters the pelvic peritoneum as soon as the infection has passed beyond the uterus. He severs all adhesions, opens the adherent fimbriæ, the tube is temporarily packed with gauze and all adherent organs liberated. The pelvis is wiped dry, but not irrigated. By this method he prevents suppuration. He says: "But so essential is drainage in the treatment of these cases of acute salpingitis and peritonitis, that the vaginal route alone can be employed with any hope of success." This operation must find its greatest application in the hands of the general practitioner, for it is he who first sees these cases, and it is offered him as a substitute for opium and poultices and to prevent the necessity of more radical operations, such, for example, as hysterectomy. The pelvic organs are most liberally supplied with blood, and they are so well nourished that their power of repair is great. This operation is curative in the first attack and palliative in subsequent attacks.

Dr. Pryor believes that when gonorrhea passes outside the uterus, bilateral salpingitis results. In most of these cases he prefers the palliative operation of evacuating the pus by opening the cul-de-sac by the crescentic incision to the radical operation of removing the tubes. The pus is wiped away with iodoform gauze, the adhesions of the tube containing pus are not freed above, only below, the adhesions of the other tube broken up. The pus cavity is packed with iodoform gauze; the pelvis lightly packed. The first dressings are in a week. In answer to the question, why perform palliative operations when removal would radically cure? he states that some cases are so debilitated that the radical operation would result in death, hence evacuate and allow them to gain strength. In young women the radical operation is followed by atrophy of the external genitals and vagina, and assume the characteristics of senility; they tear easily and lose their elasticity.

20. PREGNANCY FOLLOWING VENTROFIXATION, WITH IMPROVEMENTS IN TECHNIQUE.—(Author's abstract of paper read before American Gynecological Society at Boston, May 24, by A. Laphorn Smith, M.D., M.R.C.S., England; Fellow of the American Gynecological Society, Professor of Clinical Gynecology, Bishop's University, Montreal; Gynecologist to the Montreal Dispensary; Surgeon-in-Chief of the Samaritan Hospital for Women; Surgeon to the Western General Hospital.)—His conclusions were based upon about 2,500 cases by forty-one operators, including 111 cases of his own, reported in reply to a circular letter of inquiry.

First.—That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, antelexion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum

and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

Second.—Ventre-fixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because.

Third.—Although pregnancy only followed in 148 cases out of about 2,500, still in 30 per cent of these, or 36, there was pain, miscarriage or difficult labor, requiring obstetrical operations.

Fourth.—When suspensio uteri was performed—that is, the uterus attached to the peritoncum—only a few relapses occurred; but, on the other hand, the patients were free from pain during pregnancy and the labors were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

Fifth.—A third method, it is claimed by some—namely, the intra-abdominal shortening of the round ligaments—is preferable to either ventro-fixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and tube, or in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent. of the cases of ventro-fixation are certainly avoided.

Sixth.—If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface, but near the top of the fundus; the complications were more frequent when there was too much ante-version than was the case when the anterior surface of the fundus was attached to the abdominal wall.

Seventh.—As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

Eighth.—Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation, and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation should therefore be preferred whenever the uterus and appendages are free from adhesions.

Ninth.—The results of Alexander's operation are so good that even when there are adhesions it might be well to adopt the procedure of freeing the adhesions by a very small median incision and then shortening the round ligaments by Alexander's method, after which the abdomen should be closed. This could be done without adding more than $\frac{1}{2}$ of 1 per cent. to the mortality, which, in Alexander's operation, is nil.

21. Dr. Albright, in Medical Progress, says about constipation that when it exists there is either diminished peristalsis, increased absorption or motor paralysis of the muscular coats, or all together. The chief danger is auto-intoxication. For treatment he advises that a regular habit be formed for defecation, and that senna meets the requirements in a majority of cases. It is one of the drugs in syrup of figs which he commends.

The advice is none the less valuable because it is not new, but because in the haste to try new methods and agents those that have been well tried and proven useful are liable to be overlooked. To be progressive one must not forget, for the truths already discovered help to point the way to further progress; the mistakes that have been made are warnings against hasty deductions and routine methods.

Real progress into unknown fields of science is made slowly, and the strength to make it comes largely from a knowledge of what already is known.

22. In the National Druggist is given the following treatment for corns:

R.—Extract of canabis indica.....	1
Salicylic acid.....	10
Oil of turpentine.....	5
Glacial acetic acid.....	2
Cocaine (alkaloidal).....	2
Collodion.....	q. s. ad 100

M.—Apply a thin coating every night, each coating on top of the preceding one, until finally the whole drops off, bringing the indurated portion.

23. AN EXPERIENCE WITH ACUTE HEMORRHOIDS.—E. H. Stevenson, M.D., Fort Smith, Ark.—More than one year ago a case of hemorrhoids was placed under my care in the St. John's Hospital of this city. The mass of inflamed and protruding tumors was large and so acutely painful that it could not be returned.

Hot fomentations of water and distilled hamamelis were ordered for twenty-four hours, without any appreciable benefit. The sphincter ani had the grip of a lion and seemed relentless; the consequent pain from the congested and swollen venous plexus seemed unendurable. The second day he was anesthetized, placed upon the table in the dorsal position, the sphincter thoroughly dilated with a Pratt's bi-valve speculum, "Old Ben." The protruding mass was then returned to its normal position inside the rectum and retained by compress and T bandage for forty-eight hours.

The man left the hospital five days afterward, promising to return soon and undergo an operation for radical cure.

After the lapse of one year he presented himself at my office, stating that he had never felt another symptom of the disease.

This article is not written to present anything new, but as a contribution to the list of successes by this method of treatment, which is to be advised rather than wait for resolution while the patient suffers and daubs on "pile cures."

It would be interesting to know if the patient had had hemorrhoids previous to this attack, or if he had chronic hemorrhoids. Was the cure complete, or were there varicosities remaining in the veins indicating that the cure was only partial, and therefore leaving him predisposed to a recurrence? The patient himself might be unable to correctly judge whether the cure was complete.

24. Dr. Byron Robinson, in the Medical Record, advises the vaginal douche, and gives the following directions:

THE VAGINAL DOUCHE: HOW IT IS TO BE EMPLOYED.—Byron Robinson (Med. Rec., No. 5, p. 421) is against discarding the vaginal douche as a therapeutic measure. When properly used it is capable of doing a vast amount of good. Its utility depends upon the amount of fluid, the degree of heat, the composition of the douche, the position while taking it, and on the method of using it. A couple of quarts of warm water is worthless as a douche. The author gives the following directions:

1. Use a fountain syringe holding four gallons of water, with a four-foot head.
2. Begin (for married women) with three quarts of boiled water at 103 degrees.
3. Increase the heat one degree at each sitting until as hot as can be borne.

4. Increase the amount of the douche one pint each time until four or five gallons are taken.
5. Use the douche in the morning and in the evening when retiring.
6. The duration of a four-gallon douche should be thirty minutes.
7. The patient should lie on the back, with the thighs flexed on the abdomen and the legs flexed on the thighs.
8. The douche should be taken on a level plane, the ironing-board serving a good purpose, and not in the bed or on the water-closet or in the bath-tub.
9. The douche should never be taken in the standing or sitting posture.
10. A handful of salt and a teaspoonful of alum may be added to each gallon of water—the salt to prevent reaction, and the alum to astringe and check waste by secretion.

11. The vaginal tube used in giving the douche should be sterilized, and every patient should, of course, have her own tube.

The good effects of the douche may be summarized as follows:

1. It contracts the tissues (muscles, elastic and connective).
 2. It contracts the vessels (arteries, veins and lymphatics).
 3. It absorbs exudates.
 4. It checks secretions.
 5. It stimulates.
 6. It relieves pain.
 7. It cleanses.
 8. It checks hemorrhage.
 9. It curtails inflammation.
- But it must not be forgotten that the douche may also have evil effects, and those are:
1. It may check normal secretions, and thus induce abnormal germ-growth.
 2. It may congest the organs.
 3. It may irritate the parts.
 4. It may produce disagreeable sensations.
 5. It may aid in the rupture of a pyosalpinx or an extra-uterine pregnancy.

25. Dr. Straus says that it is a well-established fact that the rectal reflexes are the last to go, even under a constitutional anesthetic; that the shock following complete divulsion of the anal sphincters is very considerable, and should not be done without complete anesthesia, unless the anesthetic be contraindicated; and that females have comparatively weak sphincters, and therefore complete divulsion is only safe when under complete anesthesia. We believe that anal dilatation, except for the purpose of resuscitation, should be done slowly, as there is less danger of tearing the sphincters than when quickly performed. If operating on the rectum, the patient being anesthetized, through a speculum, it should not be allowed to remain in position opened very long, as it will cause the patient to stop breathing.

26. Dr. Dumas stimulates the mammæ by enclosing the entire breast in a hollow hemisphere, with an aspirating bulb attached. It is used every morning. As soon as pain is felt, the aspiration is stopped and the apparatus left in place for twenty or thirty minutes. He uses it for undeveloped breasts, obstinate vomiting of pregnancy, debility of young girls at the period of puberty and chlorosis. A number of cases in each class is cited by him as having been decidedly benefited by the treatment.

BOOK REVIEW.

THE PERITONEUM. By Byron Robinson, B.S., M.D. Published by C. V. Waite & Co., 70 State Street, Chicago. Price, \$3.75.

The work on the peritoneum, by Byron Robinson, is a most scholarly consideration of a much neglected subject. It is a beautiful volume, thoroughly illustrated, neatly bound, and has a low price for its pretentious proportions. The author is full of his theme and wastes no time with introductions and explanations, but plunges at once into his subject.

The first volume only is published. Vol. II. will be Development and Anatomy. Vol. III. Pathology and Treatment.

The first volume is divided into ten chapters, in which he considers, under their separate heads, first, the history; second, the histology and physiology of the peritoneum; third, the endothelia of the free peritoneal surface; fourth, the subperitoneal tissue; fifth, the blood vessels of the peritoneum; sixth, the lymphatics of the peritoneum; seventh, the nerves of the peritoneum; eighth, the physiology of the peritoneum; ninth, the technique for preparing peritoneal specimens; and, tenth, a resume of the physiology of the peritoneum.

The book displays such extensive research and consideration on the part of Dr. Robinson as to indicate that he has spent years of indefatigable labor in the study of the subject. The object of his work, which he announces in the beginning of the second chapter, is to present views concerning the structure and function of the peritoneum in hopes that from a complete knowledge of the peritoneum, anatomically and physiologically, methods may be secured with which to successfully combat the invasion of this extensive membrane by disease. He hopes to solve the problem of peritonitis.

As a contribution to anatomical literature this first volume is ample to give the doctor a high place among the great anatomists of the world, as his researches have evidently been exceptionally exhaustive both as regards what previous authorities have had to say upon the subject as well as in a line of personal dissection and experimentation. The value of the work from a practical standpoint cannot be estimated until the publication of his concluding labors in this direction, which we await with great interest. If the doctor proves to be as practical in the handling of his great knowledge of anatomical and physiological facts as he has proven himself in their accumulation, his work upon the peritoneum will stand as one of the medical marvels of the age. We all desire to know how to prevent and how to cure peritonitis and all other diseases to which the peritoneum is subject, and we sincerely wish the doctor the highest possible success in his herculean undertaking. If an anatomist and physiologist can secure this end, Dr. Robinson, of all others within the circle of our acquaintance, should succeed. He has been kind enough to close many of his chapters with the resumes of their contents, so that the reader may not become lost in the labyrinth of detail of facts, theories, but be reminded of what he has been reading about at the conclusion of his study.

The first volume, of course, but paves the way for the next, without which but little profit would accrue to the reader. Undoubtedly, however, a knowledge of the first volume is essential to an understanding of the second, as the doctor is evidently an orderly and consecutive teacher, proceeding with his subject step by step and laying carefully in the earlier part of his work the basis of the conclusions which he may present later on. The work is too exhaustive for, and will scarcely interest, the superficial student of medicine who is searching for short cuts to learning, but it will be more than welcome to the thorough students who are fond of exhaustive work. Should Dr. Robinson's life prove too short to reach the object of his labor, what he has accomplished has been so well done that others coming later might be able to take it up where he left off and in the end help the medical profession to the much coveted knowledge which it is the doctor's avowed purpose to ultimately supply, namely, a practical solution as to the prevention and cure of diseases prone to afflict the peritoneum.

E. H. PRATT, M.D.

JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

CATARRH OF THE SIGMOID.

Although this is one of the commonest and most mischievous of diseases its existence is more frequently overlooked perhaps than any other form of human affliction.

It is more than a quarter of a century since Dr. Jewell of Chicago demonstrated to his own satisfaction at least the close association between irritable conditions of the lining of the colon and melancholia. He found that the colon in a great many instances did not completely empty itself during an evacuation of the bowels, but that owing to its sacculated form layers of fecal matter would accumulate in the bottom of the enlargements along the large intestine, clinging so closely as to be difficult of detachment, much after the manner in which lime clusters on the inside of a tea-kettle which has been used for boiling hard water. He found this condition, although accompanied with constipation, was not invariably so, and many instances were found in which this part of the bowel was quite regular, but yet which presented deep fecal veneering at different points along the large intestine.

His method of detecting the existence of retained fecal matter was by means of plexor and pleximeter, and in all the examinations of chronic cases which he made in later years he considered no case as carefully examined in which the abdomen had not been carefully percussed for the detection of such a condition. He was a very methodical man and kept a careful record of his cases, which in all tabulated something over five hundred cases of this class, in the relieving of which he cured numberless cases of melancholia, dyspepsia, nervous prostration, and the various types of mal-nutrition.

His method of correcting the condition was by means of colon flushings, and I believe that to Dr. Jewell is due the credit of instituting the

now common practice of colon flushing for cases of impaction of feces and constipation or sluggish peristalsis of the colon.

Dr. Jewell never recognized that the irritation of an organ started at its mouth. He never realized the close relationship between the sexual system and peristaltic action of the intestines. He did not live long enough to prosecute his investigation in the light of the orificial philosophy. So he never thought of correcting morbid conditions of the anus or of putting the sexual system in repair for the purpose of re-establishing the normal activity of the colon. His sole reliance was colon flushing, to accomplish which he would place the patient either in the knee-chest position or in the right Sims position in order that gravity might aid the water in reaching the upper parts of the colon as it was injected through the anus.

Dr. Jewell was a very close thinker and reasoner, a very thorough reader, and an ardent student of medicine, but in all his career he accomplished nothing of more importance than the bit of medical history just chronicled. He was somewhat alive to the necessity of normal peristalsis for the colon, but did not quite rise to a full appreciation of the great sympathetic nerve forces which preside over it, consequently the waste and repair of the sympathetic nerve did not busy his brain so much as the revelations of the plexor and pleximeter over the tract of the colon. As he was more or less of an independent thinker and enjoyed the courage of his convictions, had he lived long enough the full meaning of the sympathetic nerve power would in all probability have dawned upon him. As it is his work was but partial, for it was only one step in the chain of evidence which led to the conviction which so many of us now enjoy, that the sympathetic nerve force is the steam that propels the enginery of the entire body, and that the waste and repair of the sympathetic nerve is the most important study in which medical men can be engaged. The colon flushing is still valuable, and still fills the place outlined for it by Dr. Jewell. But it is no longer our most important remedy for sluggish peristaltic action.

To illustrate this point let me remind the readers of the Journal of a case which occurred during one of the September private classes about four years ago. A doctor from Michigan brought to the clinic a case of constipation which he had failed to relieve by orificial methods. He had attended two or three courses previously and was supposed to be familiar with orificial methods. But as he had failed in curing this man of the constipated habit he decided to bring him to the class as a critical case and ascertain if possible the reason of his failure. He had had the man under his personal care for about three years, and at three different times during this period had had him under an anesthetic for orificial work, or rather for rectal work. He had trimmed away all pockets and

papillæ, cured him of his internal hemorrhoids, dilated the rectum thoroughly, until he had secured what appeared to him a normal condition of the last inch of the rectum, and yet the man remained as constipated as ever.

Without previous examination the patient was placed under an anesthetic and brought before the class, when the history of the case was read and his physical condition was examined from an orificial standpoint. The first thing to which the attention of the class was directed was an elongated condition of the foreskin, not contracted, simply too long, the frenum also being a little shortened and the meatus slightly narrowed. The attention of the doctor was directed to the condition of the foreskin and he was asked why he had not circumcised the man. His reply was that in his estimation the case did not call for it, inasmuch as the foreskin could be readily contracted without undue pinching of the glans. The doctor was then reminded that an elongated foreskin was mischievous in such a case, and that in this particular case in all probability the condition of the foreskin explained his failure to cure the case, and permission was asked to circumcise him on the spot. The request was granted, inasmuch as the man had come for relief and was willing to submit to anything necessary in order to effect a cure. The doctor had expected his patient to be a candidate for the American operation, but was reminded in the first place that the work which he had come to witness was orificial work and not merely rectal work, and the American operation was a last resort, not to be undertaken until every other means for relief had been instituted, and inasmuch as the foreskin was unduly long, and such conditions were known to be prodigal of sympathetic power, it was deemed best to merely circumcise him and then if this failed to produce a cure the man could be brought back another year for more thorough work.

The doctor consented to the suggestion. The foreskin was transfixed from above and below by tenacula in the usual manner, and as the forceps were being applied to the central part of the margins of the foreskin the operator made the prophecy that the case would experience a very prompt restoration of peristaltic power of the intestines, and that the cure would be permanent. Then occurred the most singular coincidence. As soon as the T forceps were closed upon the foreskin, as if in answer to the prophecy just uttered, peristaltic action of the large intestine was immediately instituted and right there before the class the sleeping patient effected spontaneously a free and enormous evacuation of the bowels, and this in spite of the fact that he was supposed to have been properly prepared for operation. Those who were present at the experience can never forget the coincidence, because the prophecy was so speedily and instantaneously followed by its immediate fulfillment.

The doctor who brought the case received a valuable lesson, as did all the others present, in orificial work. The recovery of the case has been permanent we have been led to infer from the fact that it was so reported some months later, and from the additional fact that the man never came back for the American operation, or any other orificial work, as he promised to do in case he failed to obtain satisfactory relief at the time of this his first visit.

This is not the only time that such an instance has occurred in the presence of the September class, for such cases are not uncommon, neither is their incomplete handling.

There is another fact also which illustrates the importance of the stimulation of the sexual nerves as a factor in the cure of constipation, and that is the great benefit to be derived in cases of sluggish peristalsis of the colon in women of the needle bath directed against the clitoris and its hood. The clitoris and its hood are supplied by a larger plexus of sympathetic nerve fibres in proportion to the size of the organs than any other organ of the body. As a result, this is the most sensitive point to operate upon during profound anesthesia, out-ranking even the rectum. Many times when the rectum could be operated upon and dilated, the uterus dilated, curetted, repaired, or even removed, and likewise the perineum and vulva and urethra without any exhibition of uneasiness or even consciousness on the part of the patient, as frequently happens in cases of anesthesia of the sympathetic nerve impingement of the hood of the clitoris, as where it is seized by the plug forceps in the process of amputation, or where its hood is being loosened in case of adhesion, the patient will object most strenuously, although profoundly asleep, to the nerve impingement involved by the use of the forceps and scissors or the spud.

These cases are valuable as object lessons in the treatment of all cases of intestinal derangement, for most of the colonic troubles with which we have to deal result from imperfect peristaltic action, which simply means an impoverished sympathetic nerve force.

In cases of incrustation of fecal matter along the course of the large intestine Dr. Jewell observed that the habit of the bowel was frequently perfectly regular, so that the exhibition of constipation was not found to be essential to the possibility of fecal matter clinging to the walls of the intestine, not as a temporary condition, but often of many months' duration, and his observations have been confirmed by every one who has followed in his footsteps and sought to verify or disprove his position. The peristaltic action of the intestines may be sufficient for a daily evacuation of the bowels, and yet not sufficient for the dislodgment of chronic incrustations in its sacculi.

The point of the intestine most liable to be affected in this manner

and where it is most mischievous, because of its rich nerve supply, is the sigmoid, the proper receptacle for accumulated fecal matter immediately preceding its evacuation. No rectum with normal sensibilities will tolerate the presence of fecal matter without immediate urging to stool, but the discharge is collected in the sigmoid until the accumulation secures sufficient dilatation of this part of the intestine to stimulate it to activity and crowd the discharge downward for its expulsion. Perhaps it is owing to this fact that affections of the sigmoid are more common than those of any other part of the large intestine, except, perhaps, the last inch. They are more mischievous than affections at other points of the large intestine excepting the last inch because of the close proximity in the female of the sigmoid and left ovary and tube, and of the close nervous associations in both sexes between the sigmoid and the bladder. Accumulations of fecal matter can disturb the comfort and placidity of the left ovary and tube, and through this disturb the equanimity of the female sexual organs by simply the result of mechanical pressure which they institute upon the ovary and tube when mechanically distended irrespective of the nerve relationship of the structures of the bowels. And many cases of supposed sub-acute ovaritis of the left side are due merely to an accumulation of fecal matter in the sigmoid as a chronic condition. The disturbance of the female and male bladder from this cause, however, is due more to the close association of the nerve supplying the parts than to mechanical interference.

The incrustations of fecal matter in the sigmoid as observed by Dr. Jewell, the irritation sustained by too prolonged suspension of fecal matter within its folds resulting from sluggish peristalsis, and the reflex irritation sustained as a result of some form of orificial derangement at the anus or in connection with the sexual system are the three great causes of catarrh of the sigmoid. In its treatment, of course, the first step to be taken is the exhibition of whatever orificial work a careful examination of the anus may disclose to be necessary. If the accomplishment of the orificial work does not prove sufficient for the correction of catarrhal conditions of the sigmoid, treatment is then to be directed to the sigmoid itself, the surgeon preparing the patient for a more or less protracted siege of routine work, as these cases are always more or less obstinate in their recovery, requiring persistent handling for several weeks, and sometimes months before a radical cure can be effected.

The local measures to be recommended in treatment of the sigmoid after all needed orificial work has been accomplished and sufficient time has elapsed, varying from one to six months, for the reactive power of the intestine to assert itself unaided if possible, will be the subject of the leading article for the January number.

E. H. PRATT.

PELVIC ABSCESS,

J. J. THOMPSON, M.D.*

CHICAGO.

During the past few years there has been much difference of opinion as to the manner in which a pelvic abscess should be approached surgically. Some of the good operators maintain that an abscess situated in the pelvic cavity can always be reached through the vagina, while others as emphatically proclaim that the abdominal route is the only scientific method of treating an abscess in this locality. The fact is that neither route should be adopted to the entire exclusion of the other, as in some cases it is much safer and causes much less pain and a less time in bed to operate through the vagina, while in others it would be sheer madness to attempt to reach the encysted pus in this manner. The location of the abscess and the condition of the adjacent parts should determine the method of operation. In this respect the time which has elapsed since the infection began, together with the original site of infection, will have much to do as a determining factor.

An abscess of the broad ligament which has existed for some days may tend to point either toward the vagina or toward the inguinal region, and may, if left to itself, rupture into the peritoneal cavity, the intestine or the bladder.

An abscess of the ovary seldom ruptures into the vagina and still less frequently finds its way to the abdominal wall, but may rupture into the peritoneal cavity or intestine, or possibly into the bladder. The ovarian abscess is differentiated from the pelvic abscess by being situated higher up in the pelvis and in the earlier stages is more or less movable. In pyosalpinx the tumor is usually sausage-shaped, although in some instances it becomes so distended that it is more oval and may attain the size of a foetal head.

The tubal abscess is more liable than any other to rupture into the peritoneal cavity, owing to the thin spots in the tube, and when it does rupture in this way, is liable to produce death within a few hours unless relieved by surgical means. It may, however, find its way into the uterus, bladder, vagina or rectum, or may even find its way to the skin by way of Poupart's ligament, or even to the gluteal region. In case of an external opening of a pus tube a fistula remains which is apt to be more or less permanent.

In case of abscess resulting from peritonitis there is in most cases a diseased condition of the tubes also present, the tubes themselves

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having been infected through the uterus. One point should here be borne in mind, if the pelvic peritonitis is the result of gonorrheal infection there will be pus present from the beginning. If, on the other hand, the infection is due to other causes, the pus formed will be the result of a degenerated serous exudate. In either case the pus cavity becomes walled off by adhesions of peritoneum in a short time, and therefore from a surgical standpoint is practically extra peritoneal. An abscess of this nature may again break through the wall thus formed into the peritoneal cavity above, or it may find its way to the vagina, bladder, uterus or intestine, or break externally through the skin.

As regards the severity of symptoms, it may be stated that in all cases of pelvic peritonitis the symptoms are much more severe than in pelvic cellulitis, there is also less nausea and less distension of the abdomen in pelvic cellulitis than where the peritoneum is involved. The tumor in cellulitis may be single, involving the tissue on one side of the uterus, crowding that organ over to the other side, or it may involve the tissues on both sides of the uterus, that organ remaining centrally located. In the latter case the uterus itself is lifted higher up into the pelvis, while the tumors bulge into the vagina. On the other hand, if the peritoneum is involved the uterus remains more firmly fixed in the center of the pelvis, or may even be crowded down into the vagina, while the whole roof of the vagina is smooth and much more tender to the touch than in cellulitis.

Another diagnostic sign worth remembering is this, in cellulitis, especially where only one side is involved, the patient flexes but one limb, while in peritonitis both limbs are flexed, the patient resting more easily upon the back. Another point of differentiation is as follows: In cellulitis the tumor hugs the pelvic bones more closely, while in pelvic peritonitis the tumor is apt to be more centrally located, making it possible to crowd the finger up between it and the bony pelvis. These points of differentiation are of course mainly useful in the earlier stages of the trouble, before all the landmarks are obliterated.

It must be borne in mind that in many instances the two conditions are both present at the same time. Some surgeons claim that we never find a case of cellulitis that did not find its origin in a preceding case of peritonitis. The experience of many of the best surgeons, however, goes to show that the two conditions may exist separately.

Returning again to the best method of operating, I think we can safely follow the rule which I presented to our state society several years ago, which is as follows: In all cases where the abscess can be reached without difficulty from the vagina, and where there are not other urgent reasons for opening the abdomen from above, the abscess should be evacuated through the vagina. I believe now, as I stated

then, that this route certainly offers the best drainage and produces less shock and less danger of extending the infection to the peritoneum than the other. And where one is well acquainted with the anatomy of the parts and is careful with instruments, there is comparatively little danger of wounding important viscera. In opening the abscess through the vagina it is in my opinion never advisable to use the trochar or canula except for diagnostic purposes. It is better to open the abscess cavity freely and scrape out the debris with the finger or blunt wire curette and pack thoroughly. If the abscess bulges into the vagina and fluctuation can be distinctly made out, I usually insert the closed blades of a sharp-pointed pair of scissors, opening them gradually as the blades are withdrawn, sufficiently to make an opening about one inch long. This opening will in most cases be sufficient. If it is desired to make the opening still larger, it may be done with the fingers or the edges of the wound may be grasped with forceps and brought within sight, when the wound may be enlarged with a bistoury or scissors, great care being taken not to injure the ureters, large blood vessels or pelvic viscera.

In cases where the abscess cavity does not pouch into the vagina but it is still deemed best to reach the pus cavity through the vagina, it is best to open the cul-de-sac of Douglas in the same manner as for a vaginal hysterectomy; through this opening the finger can be introduced and the condition carefully diagnosed. If the pus is encysted the adhesions can often be broken up and the pus sack brought down to the vaginal opening and opened directly into the vagina.

A case of this kind was recently brought me by Dr. Venell, of this city, where an abscess of the ovary was diagnosed. I opened the cul-de-sac in the manner above mentioned, introduced two fingers, broke up the adhesions about the ovary and brought it down to the opening made through the vagina, when it was evacuated and the pus cavity thoroughly washed out. I then cleansed the vagina carefully and brought the ovary and tube through the opening, clamped and cut away the diseased portions. The patient remained in the hospital but ten days, and in three weeks was about her work as forelady in one of our large stores.

In another case reported two years ago where I operated for Dr. Everett of this city, I found it impossible to dislodge the ovary, but punctured the abscess with the end of the finger, afterward cleansing with peroxide and listerine and packed carefully, the patient making an excellent recovery.

Occasionally I have found it necessary to abandon the attempt to reach the pus cavity through the vagina, and have made an opening from above. In those cases no harm is done, as the vaginal opening

often serves an excellent purpose for drainage, even when laparotomy has to be performed. In a number of instances I have even completed a laparotomy by making an opening down through the vagina for drainage purposes. It is very seldom necessary to remove the uterus in these cases. In some cases I have removed pedunculated fibroids from the uterus in connection with the work done for the relief of the abscess and had excellent results. Especially should the uterus remain if one ovary is found healthy. The uterus should, however, be thoroughly curetted and cleansed in order to avoid further infection from that source.

In a recent case sent me by Dr. Prouty, of this city, I succeeded in enucleating a pus tube without rupturing the tubal wall, notwithstanding the adhesions were very bad on all sides. The accompanying cuts represent the pus tube as it appeared when taken from the abdominal cavity, and also the appearance of the tube when laid open. It is very seldom, however, that a pus tube can be enucleated in this manner where the adhesions are numerous without rupturing into the peritoneal cavity.

REPORT OF A FEW CASES OF CIRCUMCISION.

N. BERGMAN, A.B., M.D.

DWIGHT, ILL.

It is as interesting from a surgical standpoint, as it is gratifying from a humane point of view, to note the rapid changes made possible by the orificial methods of handling our cases. The stimulating effect of the treatment makes the whole sympathetic nerve reverberate under its force, reaching the finest little twigs of this nervous tree, and institutes changes in the nutrition that cause the pathological conditions to yield gradually before the onslaught of healthy blood and tissue. Thus rejuvenating the entire system, it opens up a new chapter of life, new hopes are held out, and the sufferer is able to begin anew.

In children, I believe, we will notice the most rapid recoveries, no doubt due to the circumstance that the vital forces of a growing system are more numerous or employed more actively than in one where are engaged forces to maintain life only, and consequently such a system is more readily impressed than one at later periods of life.

Circumcision has an extraordinary wide range of action, not as a surgical procedure to remove objectionable local conditions only, but employed as a curative means in diseases of the sympathetic nerve, in which there is to the common physician apparently no connection between the lesion and the male organ. But the orificial surgeon has learned to recognize these cases, and is able to effect a cure where

ordinary medication has been tried and found a failure. In the few cases here submitted orificial treatment wrought a speedy cure, after internal medicines had failed to produce any impression for the better.

Case 1—Baby Andrew H., aet. 10 months, had for some time suffered with difficult urination. He was irritable and fretful to the highest degree, and was continually disturbed in his sleep. Before micturition the parts would swell up, assume a bluish color, and with great straining and pain a small stream of urine would be expelled. I prescribed for the boy, but with very little relief, and as the condition of the boy was growing worse, I concluded to circumcise him. The prepuce was found adherent to the glans and abnormally contracted, leaving only the smallest opening for the urine. The rectal sphincter was also too tight. In a few days the boy recovered from the effects of the operation, and was well after that. The dysuria disappeared entirely, and the boy, improved in every respect, is at present at 4 years of age perfectly well and hearty.

Case 2—Baby Russell R., aet. 18 months, had been treated for convulsions during dentition, but without any improvement. When he was brought to me the seizures were of such a serious nature that fear had been expressed by his former physician that the boy might not live through another attack. Although the irritation from the teeth had a great deal to do with these attacks, it was clear to me that they had a deeper source. On examination of the boy I found this, so common condition, viz.: elongated, tight prepuce; inflamed, narrow meatus. I advised circumcision, which was immediately performed. The adherent foreskin had to be peeled off the glans, and several hard lumps of smegma were removed. The continuous catgut stitch was used to unite the mucous membrane with the skin. This little patient made a rapid recovery; the convulsions ceased at once; the boy grew and thrived and was in fact entirely changed. He became sweet and happy, his parents' joy and pleasure from having been a constant care and worry.

Case 3—Ernest G., 8 years old, was brought to my office by his mother, who told me the boy had always been sickly, never well. He had had all the children's diseases; would take cold with every change of the weather; would never eat much at meal times, but always between; could not sleep well, perhaps because he was so disturbed by his bladder in the night, and had been for nearly three years deaf in his right ear. The boy certainly looked very sickly and puny. He had taken "barrels of medicines," until his stomach had revolted, and had now come to try "the new school." I suspected orificial irritation, and after having examined the boy and informed Mrs. G. of a few facts, I recommended an operation, to which she consented. I found about the

same condition as in the previous case and an extremely flabby and "tired" sphincter.

I am pleased to report that the treatment did wonders for this boy. His appetite became more natural; the function of his bladder normal; his hearing was restored and during the first three months after the operation he gained nearly six pounds in weight. The principal accessories I used were baryta jod 3x for the general condition, and fer. phos. 6x for his ear.

Case 4—Clarence B., aet. 16 years, had been under my care for several months for various complaints, and with varied success. He was undersized in stature, and so dull mentally that he forgot half the time to take his medicines, and could give such poor account of himself that I made only slow progress with him. I was about to give up the case when his older married sister told me, one day, that she had wrung out of the boy a confession that he was addicted to the secret vice practiced among boys.

This information, of course, changed my medication, but though the boy, as I had reasons to believe, stopped this injurious practice, his actual recovery did not take place until I had performed an official operation, consisting of circumcision and removal of pockets and papillæ.

It may have been that this patient could have been cured without this treatment, but I hardly believe so, for he arose from his sick bed *clean*. He needed the rightful punishment of cutting pains after his illicit pleasures, and realizing his error he turned into another path and became rapidly restored to full vitality of body and soul. His eye grew bright, his brow clear, his gait became elastic, and he grew more in height in the following one year than he had in the previous three. His intellect widened, as his memory returned, and the last reports from school showed that he had acquitted himself as a good scholar.

CAREFUL CASE-TAKING.

WILLIAM A. BOIES, M.D.

KNOXVILLE, TENN.

In the life of a busy practitioner, short calls, quick diagnoses, and hurried prescriptions are apt to be the rule, and as a result many homes are robbed of their ray of sunshine and many crowns are deprived of their brightest gems. Too many prescriptions are based entirely upon the diagnosis of the case. Important, to be sure, is the diagnosis; but many conditions and influences are brought to bear on a case, which by many physicians are overlooked. The parental side of a case is an im-

portant one. How many physicians have prescribed a laxative for a nursing babe, when the prescription might better have been given the mother. Tubercular parentage influences the course of many diseases. Particularly does it affect pathological conditions of the brain, lungs and bowels. Syphilis has an important bearing on child-life, influencing especially diseases of the bones, integumentary and nervous systems. Chorea, epilepsy, and other nervous conditions have a very important bearing on diseases of children.

Not long ago I was called to a case of cerebrospinal meningitis. A boy with a tubercular tendency was critically ill. I feared that the result would be fatal. Seemingly indicated remedies had no effect. Temperature was running very high, symptoms were marked, and the case looked hopeless. I gave the boy calc. phos. In twenty-four hours there was an improvement, and the remedy was continued, with the result that the child steadily improved, and is to-day a hearty, robust boy. The aggravation from downward motion, so characteristic of borax, is an important keynote to the selection of that drug in many conditions. I am reminded here of an interesting case, if I may be pardoned for digressing from my subject for a moment. About a year ago I was assisting in an operation upon a young woman. She had suffered from dysmenorrhea for years, and was extremely nervous. In dilating the cervix the effect on respiration and circulation was so profound that the operation had to be stopped. This case, illustrating the effect of dilatation of the cervix, may be of interest to the readers of this article. The case was a novel and interesting one to me. The young woman continued to suffer at her menstrual periods, and relief seemed not at hand. One day she was in my office, and I asked her if she ever noticed any peculiar aggravation of her symptoms. She told me, when going downstairs or in getting down from any elevation she invariably felt badly. I thought at once of borax and gave the drug to her in the 6x potency. She took it regularly until her next period, which was much less painful than formerly, and after continuing the medicine through several intervals between menstruation she tells me she suffers scarcely any, and her extreme nervousness has entirely disappeared.

Many cases might be cited to show the importance of adapting the remedy to the patient, and of not being governed entirely by the pathological conditions present. Another condition which is important and with which we have to contend is certain influences brought to bear on the case by immediate environments. Certain members of the family may alter the course of a disease by the influence they bring to bear upon the patient. I have in mind now a case of remittent fever occurring in a child. He was the idol of the home, and his mother, by her devotion, would worry him so that he would almost throw himself into

spasms, and upon my next visit I would find him with a very high temperature, all out of proportion to the nature of the trouble. I found it difficult in that case to remove the cause of the aggravation.

This may go to show the necessity for taking into consideration every detail of a case in order to get the best result from our remedies. When we think of the fact that among the thousands we meet daily on the street, no two look alike, no two are constituted alike, no two are amenable to treatment in exactly the same way, what is one's meat is another's poison, it should be an incentive to us to study each case intrusted to our care thoroughly; not giving belladonna simply because the child has scarlet fever; not to give mercurius simply because the case is one of tonsilitis; not to give bryonia because pneumonia stares us in the face; but to go to the bottom of the case, determine, if possible, what are the patient's tendencies and peculiarities, consider what influences are brought to bear on every hand; and then by intelligently adapting the treatment, we will be rewarded in the majority of instances by happy and gratifying results.

FECAL IMPACTION.

I. N. COHEN, M.D.

LA CROSSE, WIS.

Since reading the article of Dr. Kreider in the October issue on pages 177-8, I have called to mind several cases of fecal impaction I have had to contend with.

Case 1—On April 27, 1896, I was called in great haste to see a young man, an electrician, 27 years old, and of good habits, who was reported to me as dying with bilious colic. On my arrival I met two other doctors. They stated that the young man had a large abdominal tumor, and that his bowels had not moved for the last seven days, and all remedies that they had tried had failed to move his bowels. I made a thorough examination and in so doing I noticed that I broke off a piece of the tumor. I handed my diagnosis to the other two doctors, and the diagnosis stated that the young man had no tumor, but was almost dead with fecal impaction. This greatly excited the other two physicians, and they would not have been more surprised had a cloud burst in our midst.

The relatives decided to allow the first attending physician to continue treatment, but that treatment didn't last long, as the young man died in five hours and left this world for peace and rest.

Case 2—An Irishman called at my office June 27 at 7:30 p. m. and said, "Good evening, sir." I said, "Good evening. What do you

wish?" "Is ye the German doctor?" he asked. "I am," I answered. He said, "Will your honor plaze give me something to make me puke? but I don't want ye to give me anything like Dr. L. did." I asked him what Dr. L. gave him, and he replied: "Well, your honor," he said. "I was impacted and he must make me puke and he gave me some medicine, but it worked the wrong way, and I want you to give me something to work the right way." I asked him his name, "Johnny McDonald," was the reply. "Well, Mr. McDonald," I said, "I will give you something to work the right way," and I asked him if he liked whisky. Mr. Mac replied, "Indade, your honor, I dearly love it." So I fixed him a powder as follows: Tartar emetic, podophyllum, leptandrum, and calomel and mixed this in one-half ounce of whisky and had him take it at my office. Soon Mr. Mac wanted to leave, but I insisted on his staying, for I wanted to see this impaction through, and to keep him interested I began asking him questions as to how long he had been in the city and where he came from, etc. This started him to talking, telling me with his Irish brogue most everything he knew, but at the expiration of thirty minutes I noticed Mr. Mac's tongue seemed thick and all at once he said: "Well, your honor, I think it's coming now, shure," and out of the back door he shot. I followed him unnoticed. He got as far as the barn, when he got down on all fours. I watched him, and all at once it broke loose behind, and Mr. Mac raised his head a little to one side and said: "Mary, Mary, Mary, no John McDonald any more," and down went his head and he rolled over under the barn in a nice, sweet slumber.

The next morning about 9:30 who should walk into my office but Mr. Mac, saying: "Good morning, your honor." I said: "Why, good morning, Mr. McDonald. Did that medicine you took work the right way?" "Yes, your honor, but I don't think ye treated me hardly fair," he answered.

This case of fecal impaction I discharged as cured.

Case 3—On my arrival home from Eau Claire the 4th inst., I was summoned in great haste to meet a Dr. R. in consultation over a lady 67 years old. She had suffered for two years with indigestion and flatulence, and for a year with constipation. During the first month of sickness she had to take laxatives freely. Gradually the constipation grew worse, and during the last eight weeks she had no movement at all. She was emaciated, sharp featured and mentally dull, melancholy, and very obstinate. Her emaciation suggested cancer, but no physical sign could be determined. The abdomen was flat and even except in the iliac fossa, where there was some bulging masses along the descending colon. The patient was etherized and with the greatest difficulty the impaction removed, but a hemorrhage set in and the patient died ten hours later.

Now I would like to hear from a good many of the orificial family, also from Dr. E. H. Pratt. What method do you employ to remove impaction of fecal, intestinal obstruction, obstruction due to impaction of gall stones, etc? Let us solve this matter and give me your opinion in such cases, as I want to save my next case if possible.

Long live the Journal of Orificial Surgery.

CONSERVATISM IN THE SURGICAL TREATMENT OF THE UTERINE ADNEXA.

W. E. GREEN, M.D.

LITTLE ROCK, ARK.

Some of the deepest regrets of my life have been caused when witnessing the pathological flushing and nervous distress of some of the subjects in whom I had previously removed the uterine appendages, and the question at times has risen in my mind would it not have been better to have allowed the poor woman to have continued to suffer from nature's afflictions rather than to have inflicted upon her the serious artificial disturbance. It now fills me with remorse when in operating I realize that it is necessary to remove entire both ovaries and tubes from a patient who has in blind confidence placed herself in my hands for relief, for I know in a large percentage of cases there will be disappointments and regrets. For while removing one source of pain, discomforts and distress of no mean magnitude are engrafted by my ruthless surgical imperfections. For the past two years I have been practicing conservative surgery of the uterine appendages and I must say that now the condition must be a grave one indeed that would induce me to remove entire both ovaries from a woman who invokes my surgical skill to restore her to health. Without entering into any theoretical discussion of the subject, for every observing surgeon must have had the same painful experience that I have undergone, I will give a few practical clinical illustrations.

Case 1—Miss F., aet. 28, consulted me on account of painful and profuse menstruation, pelvic tenderness and weight, severe backache and extreme wakefulness and nervousness. An examination revealed a profuse leucorrhea, an eroded cervix, an enlarged and retroverted uterus and a cystically enlarged and displaced ovary. The uterus was dilated and curetted, replaced and a pessary introduced and the rectum operated upon for hemorrhoids. But little if any benefit followed this work. So accordingly four months after, I opened the abdomen and removed the right ovary and tube, which were both badly diseased, the ovary being cystically enlarged to the size of a hen's egg. The left

tube seemed to be in a normal condition, but the ovary on that side contained one cyst as large as a grape and three or four small ones the size of a pea. The large cyst was removed by a V-shaped incision and the wound closed by three deep buried No. 2 gut stitches, over which the peritoneal covering was coapted by a continuous No. 1 suture of the same material, after which the smaller ones were evacuated by a clip of the scissors and the cavity curetted. The uterus was lifted up and attached to the abdominal parietes and the abdomen closed. Recovery was uneventful and perfect relief followed. The nervous symptoms have all disappeared, no flushing followed and a normal menstruation was established. The patient has on several occasions called to assure me of her good health and to thank me for my good services to her.

Case 2—Mrs. H., aet. 27, was attacked with severe pain in the right side, accompanied with other symptoms indicative of appendicitis. This was the diagnosis of her physician. The pain and soreness rapidly yielded to treatment and within a few days the patient was comparatively comfortable. On the sixth day after the initial attack, she was again taken with pain, but lower down, in the right ovarian region, accompanied with a uterine flow and a rise of temperature of 1 to 3 degrees. After a few days I was called in consultation, and upon an examination found an extensive exudation in the right broad ligament and considerable peritonitis. The uterus was fixed and very sensitive. I diagnosed acute salpingitis with consequent exudations. Six weeks later I was again called to see the case. The patient seemed much better; she had but little soreness, no increase of temperature, but experienced great discomfort and pain whenever she would attempt to sit up or walk. An examination showed the pelvic sensitiveness to be much less, the exudations largely dissolved and the uterus more or less mobile; but on the right side a nodular, movable growth the size of a small orange occupied the ovarian region. I did not offer a positive diagnosis, but thought it was probably a cystic ovary and recommended its removal, which was promptly consented to. Accordingly, two days later, the patient was placed upon the table, the uterus curetted, and the sphincter ani muscle dilated, after which the abdomen was opened by a median incision. The first that attracted my attention was an inflamed and greatly distended appendix and a maze of adhesions. The appendix was removed and the adhesions broken up. A large hematoma occupied the right broad ligament in which the ovary was imbedded. The broad ligament was tied off with absorbable sutures and the tumor removed which was undoubtedly the product of a ruptured tubal pregnancy. The left ovary and tube were also greatly adherent; upon releasing them from their adhesive attachments the ovary was found to be cystically enlarged, size of an English walnut, and the tube distended in its center

(hydro-salpinx) to the size of a small hen's egg. The tube was removed close up to the uterine cornu and a V-shaped section of the ovary made, removing about two-thirds of it, that included all of its diseased structure. The wound was closed with three deep buried No. 2 gut sutures and the peritoneal covering coapted with a No. 1 running suture of the same material. Bi-sterilized gauze drainage was applied in abundance and the abdominal wound closed. On account of nausea the patient had rather a painful and distressing time for several days, but she recovered and is now in fine health, not suffering from any of the unpleasant symptoms of an artificial menopause.

Case 3—Miss C., aet. 22, rather plethoric and robust looking girl, had been suffering for four years with painful and profuse menstruation and severe pains and soreness in the pelvic region. Most of this time she had been confined to her bed. Had a weak heart and shortness of breath. An examination revealed an eroded os and dilated cervix, endometritis and an enlargement of the right ovary. I recommended a laparotomy, which was conceded. Accordingly, she was placed upon the table, the uterus dilated and curetted, the rectum operated upon for hemorrhoids, after which the abdomen was opened and the right ovary (which was one large cyst) and tube removed. The left ovary, enlarged, contained several cysts ranging in size from a pea to a grape. A resection of the diseased structures was made, which included about two-thirds of the gland. The abdomen was closed without drainage. Recovery was prompt and uneventful, and, what was peculiar, her nervous symptoms, which were somewhat epileptic in character, disappeared and at once. The heart trouble rapidly improved without further medical treatment. No post operative flushing or nervous symptoms followed; menstruation returned and pursued a normal course.

Case 4—Mrs. S., aet. 24, mother of two children, has been suffering from severe pelvic pains and soreness for several months, most of which time she was confined to her bed. She was excessively nervous and complained of headache and palpitation of the heart. An examination revealed a badly lacerated perineum and cervix, a retroversion of the uterus and a cystic enlargement and displacement of both ovaries. I recommended operative treatment. Accordingly she was placed upon the table, the uterus dilated and curetted, the cervix and perineum repaired and the rectum operated upon for hemorrhoids. She was then placed in the Trendelenberg position, the abdomen opened by a short incision and a resection of both ovaries, which were cystically enlarged, made. One-third of the left and two-thirds of the right ovary were removed and the wounds closed as heretofore described. The uterus was then lifted up and fixed to the abdominal wall by two kangaroo tendons and the abdomen closed without drainage. Recovery was un-

eventful and the cure most complete. There was a perfect return of menstruation and no climacteric symptoms followed.

The recital of these four cases will illustrate the scope of ovarian and tubal resection and show conclusively the superiority of this method over that of complete ablation. It may be claimed by some that a cure will not result in every case and that some women will have to be subjected to a second operation on account of a reproduction of the cystic enlargement of the stump of the ovary left. We will grant this, but at the same time we will claim for the patient a period of perfect health for one, two or more years (I have never had a recurrence), which more than compensates her for the discomfort of a second operation. We cannot say that her life is greatly jeopardized by a second operation, for the opening of the abdomen for simple oophorectomy, when pus does not exist, is in no sense a dangerous or a serious operation; I have never had a death from it and I have operated a great many times both by the abdominal and vaginal route.

CIRCUMCISION OR DILATATION?

S. STAADS, M.D.

SIOUX CITY, IOWA.

Very few physicians deny the fact that the prepuce has a decided influence over the whole organism and that many diseases, especially of the nervous system, can be traced back to pathological conditions of the foreskin. Since Dr. Pratt, with his wonderful orificial philosophy, shed light also upon this subject, the profession as a whole seems to pay more attention to the condition of the covering of the glans penis as well as of the clitoris. This has, no doubt, had healthy influence. Since we followed Dr. Pratt's principles, we have been enabled to cure such diseases, which in former times appeared to be the crux of the medical men. I shall not dwell upon such troubles as asthma, skin diseases, nervousness, epilepsy, etc., which we have cured in many instances by single circumcision; no, these facts are too well known by the readers of this Journal and the experience of every wideawake physician will sustain my claim. The burning question is: Shall we circumcise in order to relieve the irritation set up by an abnormal prepuce, or can we get equally good results by other means? This question has often set me thinking, and I have always read such articles with much interest, which favored bloodless means. Prof. R. N. Foster, M.D., in an article read before the Homeopathic Medical Society of Chicago treats of this dilatation as preferable to circumcision in a manner which seems to be strikingly

original with this distinguished teacher. I should be more than pleased to follow his method of dealing with the prepuce, but I cannot accept his arguments. Professor Foster desires that gradually the foreskin should be dilated, its sometimes firm adhesions to the glans be broken up and the skin be retracted (which latter procedure ought to be practiced repeatedly unless the result shall not be questionable).

In criticism of this method I admit that it must be called a more natural way of dealing with the pathology in question, but let us see how it works. Suppose we begin on a newborn. The preputial orifice is extremely small, so that it is impossible even to insert a small forceps. (Professor Foster asserts smilingly that he does not use the obstetrical forceps, which statement serves the purpose of avoiding surgical errors admirably well.) What are we going to do now? Shall we take hold of that tiny little prepuce orifice with other instruments and put it on a stretch, such inflicting, no doubt, severe pain to the sufferer? Or, suppose the orifice to be large enough to admit the introduction of a pair of small forceps, we stretch and thus also cause pain and suffering. We have to repeat several times, many times perhaps to get the necessary width of the hole. What child will keep still enough to permit this performance to be carried out properly? Not mine! The hole is finally large enough, but now comes the freeing of the prepuce from the glans, which is to be done with small probes. Pain, severe pain, will be set up and all of this will have to be repeated often in order to obtain the result.

What a loss of time, what a suffering to the infant and parents! And what an uncertainty after all! No, this method can win only very few followers. I have learned to fear the after effects of nerve shock caused by pain, and I shall certainly not encourage similar procedures.

But let us suppose that our patient is a child of 2, 3, 4 years or more. Who will hold him quiet while the "doctor" makes an examination, and who can expect him not to turn everything upside down while these manipulations take place? I object to the pleasure of being a participant in this.

But that is not the greatest trouble with them. Frequent handling of their sexual organs will make them conscious of possessing them, such that there is danger that they become what has been termed sexually mind-bound. Here we will find the infancy of masturbation with all its fearful results. To think that with my assistance a human being should be led to such a terrible condition, makes me tremble.

I am glad to know of better means of combating the trouble of phimosis. Circumcision in the adult can be made painless by using Schleich's infiltration method, as my own experience shows and in older children, where we have gained their confidence, too. But in infants an

anesthetic is necessary. To this Prof. Foster will certainly not object materially. Now perform circumcision according to Dr. Pratt's latest method, using the cordine over the wounded surface, and we are sure to have a fine, clean case, which will complain of little or no pain. I have seen them run after the chickens a few minutes after the operation and never complain of any pain, and that was before using the cordine, which, to my mind, will further prevent pain from rubbing against the cloth, to which Prof. Foster also refers. Readhesions can be prevented by painting the glans with collodion. In using No. 1 or No. 2 catgut sutures we have an ideal material, which also frees us from further intervention with the scared child. Let the mother or nurse now bathe the child daily, and soon the cordine will come off with the stitches and the wound has closed nicely. This I consider the ideal operation for phimosis until we have something better than either it or dilatation.

A NEW VIEW OF TYPHOID FEVER, AND ITS ABORTIVE TREATMENT.*

WM. MORE DECKER, M.D.

BUFFALO, N. Y.

We should not read medical works as we read the Bible. Medical authors are not inspired; they are mere men like ourselves, and we should read their works in a critical mood. Published works are merely the opinions, experiences, and knowledge of other men like ourselves; and most works are a repetition of what has been expressed before by other writers. How often we consult our library for some special knowledge, and we look in vain for the information we desire. There is so much in medicine which has never been defined; and when we search for light, here, there, everywhere, and find it not, we realize how little is known concerning the great art, which we profess and practice. If we were to compare the known with the unknown in medicine, as elsewhere, it would be as almost nothing on one side of the balance, to nearly everything on the other side.

There are three little words in the English language of great importance—no, yes, and why. In medicine the chief word of the three is why. In consulting a so-called medical authority, or the works of those who write on medicine, we should not accept everything that is asserted, like a fish that swallows the bob, hook and sinker; but as we scan the pages of a book, at every point we should insert the question, "Why?" It is not enough that a writer make an affirmation. He must give us a reason for his assertions. We should not rest satisfied by

*Briefly stated before the Clinical Club, Nov. 14, 1898.

simply knowing the mere opinion, statement or affirmation. We should demand the reasons why. The spirit that prompts us to ask why gives us the foundation for our knowledge. The question "Why?" leads to investigation, experiment, discovery, knowledge; and when we know why, then are we satisfied.

Why is not typhoid fever treated more successfully? Why is it not more frequently aborted, or so treated, as to render the course of the disease short and mild, or mild, if not short? I will tell you why. In the first place, we are too slow to recognize the disease. As a rule the diagnosis is not made until the second week of the disease. By this time the disease is fully established and well under way, and the time for abortion or decided modification of the disease has passed. Diagnosis influences treatment.

The other reason why we do not treat typhoid fever more successfully is that we have not rightly understood, nor properly interpreted the true pathological conditions that characterize the disease. The proper view to take of typhoid fever is to regard it similar to diphtheria, pathologically. This throws a new light on typhoid fever, and will influence its treatment. The points of likeness, between diphtheria and typhoid fever, are as follows:

1. Diphtheria is first a local disease, involving the tonsils and fauces of the throat. The constitutional symptoms are due to toxins absorbed.

2. The tonsils are lymphoid glands, histologically similar to Peyer's patches.

3. Diphtheritic membrane is imbedded in a necrotic slough, involving destruction of tissue, ulceration. This is preceded by œdematous inflammation and infiltration.

K. Diphtheria is uncommon in the very young, or aged.

4. The toxins of diphtheria often produce profound prostration, and frequently seriously affect the action of the heart.

5. In diphtheria, if the local effects of the disease are promptly controlled, the constitutional symptoms are slight.

6. In diphtheria, if there were no toxins absorbed, the disease would not be deadly.

7. In diphtheria, if the disease is recognized early and treated with anti-toxins, it is promptly cured, and sequelæ are exceptional.

1. Typhoid fever is at first a local disease, involving the agminated follicles, or Peyer's patches, located in the ileum. The constitutional symptoms are due to toxins absorbed.

2. Peyer's patches are lymphoid glands—histologically similar to the tonsils.

3. In typhoid fever attending ulceration of Peyer's patches, there is formed a necrotic crust, showing destruction of tissue. This is preceded by œdematous inflammation and infiltration.

K. The same is true of typhoid fever.

4. The toxins of typhoid fever often produce profound prostration, and frequently seriously affect the action of the heart.

5. In typhoid fever, if the local effects of the disease are promptly controlled or favorably influenced, the constitutional symptoms are slight.

6. In typhoid fever, if there were no toxins absorbed, the mortality would be insignificant and the disease would be mild, or of short duration.

7. In typhoid fever, if the disease is recognized early and treated with anti-toxins, the results are very favorable, and the great majority of cases are aborted.

8. In diphtheria, the swelling of the tonsils may be so great that they come in contact.

9. In diphtheria, the neighboring lymphatic and salivary glands are involved.

10. The tox-albumins of diphtheria produce necrotic areas in the liver of a rabbit. (Gould's Annual for 1897.)

11. In diphtheria, the detachment of the membrane, according to Glaeser, varies from three to seven days. (North American Journal of Homeopathy, Nov., 1898, page 660, quoted from an article on diphtheritic antitoxines, by Martin Deschere, M.D.)

12. In diphtheria, "the post-mortem examination of fatal cases shows an extreme enteritis, as well as a swelling of the follicles and the mesenteric glands." (N. A. Journal of Homeopathy, article above referred to, page 659.)

13. In diphtheria the period of sickness, in uncomplicated cases, is about two weeks.

14. Diphtheritic hemorrhages are due to the toxic condition of the blood, or may result from ulceration extending through the walls of a blood vessel.

15. In diphtheria, relapse of the disease is not uncommon.

16. Diphtheria is often attended by typhoid condition of the system.

8. In typhoid fever, Peyer's patches may be swollen to the thickness of one-quarter of an inch, and the mesenteric glands to the size of an egg.

9. In typhoid fever the disease is carried through the lymphatics, involving other lymphatic glands, especially the spleen; and, in some cases, the parotid glands have swollen, laryngeal ulceration occurred, and conditions similar to diphtheria were manifested.

Dr. James H. Hutchinson, in Pepper's work, Vol. I, page 295, says, in considering typhoid fever: "Diphtheritic inflammation of the fauces and pharynx occurs in a large number of cases." Again he says: "Indeed, it has been so frequently observed, in some epidemics, that a few writers have regarded it as a symptom, rather than a complication of the disease."

10. The necrotic areas found in the liver of a typhoid subject are regarded as due to typhoid tox-albumins.

11. In typhoid fever the necrotic slough is usually detached about the seventh day. In some cases, in which hemorrhages occur during the first week, it must be detached earlier.

12. In typhoid fever we get analogous enteritis, swelling of the follicles and the mesenteric glands.

Dr. Hutchinson, in his article on typhoid in Pepper's work, quotes Liebermeister as saying: "That diphtheria of the intestinal mucous membrane is an occasional sequel to severe cases (typhoid), especially when other mucous membranes are the seat of diphtheritic inflammation. In a few instances which have come under his observation it had given rise to perforation of the bowel, or to gangrene of the intestinal mucous membrane."

13. In typhoid fever, of mild or abortive type, the period of sickness is about two weeks.

14. Typhoid fever hemorrhages are due to the toxic condition of the blood, or may result from ulceration of the walls of a blood vessel.

15. In typhoid fever, relapse of the disease frequently occurs.

16. Typhoid fever is attended by a condition of the system, which may be just as appropriately styled a diphtheritic condition.

17. In diphtheria the organism shows a great variety of responses to the toxins absorbed.

18. The toxins of diphtheria are analogous to those of typhoid fever, but more rapid in their action.

19. It is claimed that Klebs-Loeffler bacillus cannot affect the human organism until a lesion exists, and that lesion is usually produced by the streptococcus, which is commonly found to accompany diphtheria. (Starr.)

20. The Klebs-Loeffler bacillus is said to be semi-aerobic.

From the foregoing deadly parallel it is evident that typhoid fever is more nearly like diphtheria than any other disease to which it can be compared; and, if Peyer's patches were located in the throat of a human being instead of in the intestine, the likeness between the two diseases would have long since been recognized, and the treatment of typhoid fever would have been along corresponding parallel lines to that for diphtheria.

Let us now trace the therapeutic parallel:

In the beginning of diphtheria the septic condition of the fauces and tonsils, and the toxæmia, are wonderfully influenced and controlled by baptisia.

The fever, excretions and the destruction of tissue that attend the local manifestation of diphtheria are decidedly influenced by mercurius bi-iod.

In diphtheria, alcohol arrests septic absorption because the toxin is a proteid product which is coagulated by alcohol.

17. In typhoid fever the organism shows a great variety of responses to the toxins absorbed.

18. The toxins of typhoid fever are analogous to those of diphtheria, but less rapid in their action.

James H. Hutchinson says, in Pepper's system of medicine, under "Typhoid Fever," page 208: "I have myself seen the disorganization of the blood as complete in severe cases of typhoid fever, which have rapidly proved fatal, as in cases of diphtheria, or of other malignant diseases."

19. The pacific typhoid fever bacillus "has never been found in children dying of typhoid fever, under two years of age," and when found in the intestinal excreta, "it is extremely difficult to separate it from other micro-organisms, which are found in large numbers in the dejections." (Starr.)

Some writers claim (Vaughan) "that typhoid is not dependent upon a single organism," and "the attempts to introduce typhoid into the lower animals by inoculations has not been absolutely successful." Perhaps the streptococcus, or some other microbe, assists the typhoid bacillus, as it does the bacilli of diphtheria.

20. Certainly the typhoid bacillus does not require more oxygen.

In the early stages of typhoid fever, baptisia wonderfully controls the conditions which precede and attend the ulceration of Peyer's patches, and has a marked influence over septic absorption and toxæmia.

As analogous conditions attend the intestinal lesions in typhoid fever, it is fair to conclude that mercurius bi-iod will act as efficaciously here as in the throat, because, histologically, Peyer's patches and the tonsils are similar.

In typhoid fever, alcohol has the same effect on the toxins of that disease, which are, also, proteids.

The above remedies are almost a specific for diphtheria if administered early in the disease, and systematically, persistently and properly given. The same remedies should prove just as efficacious in treating typhoid fever if administered early, persevered with and if intestinal antiseptics is thoroughly followed up in conjunction with the administration of the remedies.

To abort typhoid fever, we must not wait until diagnosis is positive, for that, according to our present knowledge, cannot be made with the blood reaction (Widal's) earlier than the fifth day; and for other developments on which to base a diagnosis, we must usually wait until the second week. Hence, at the earliest possible moment of positive diagnosis (fifth day), the disease is well under way. In the meantime, that is, while waiting diagnosis, it is customary for physicians to prescribe from the totality of the symptoms, which oftentimes is misleading, and ineffectually; and much valuable time is lost, in which to abort or modify the disease. Long before diagnosis is possible, we may suspect or anticipate the disease, and then is the time to begin the specific treatment.

Baptisia (1x), in water, should be alternated with mercurius bi-iod (3x), every half hour, or hour; and these should be persevered with from the beginning, without change, unless there are the very best and most positive indications for other remedies.

The bowels should be thoroughly emptied and flushed out with a warm saline enema. After this antiseptic intestinal douches should be freely given. Of these we have a great variety, such as carbolic acid, mercurius bi-iod., turpentine, eucalyptol, zinc, sulpho-carbol, resorcin, thymol, peroxide of hydrogen, alcohol, and many others. In administering the intestinal douches as much fluid should be injected as the patient can comfortably hold, so that the fluid may be carried above the ileo-cæcal valve, and reach the seat of Peyer's patches. These douches should be administered once or twice a day.

The patient should be put to bed and kept quiet, and given an easily digested diet, preferably good buttermilk or kumyss, and the whites of fresh eggs in solution.

Alcohol should be given from the first, and not wait for a weak heart and a state of exhaustion. A teaspoonful of a 1-3 solution of alcohol with water may be given every two hours, so long as it does not produce burning in the stomach.

Patients should be given cold water to drink several times a day, whether they ask for it or not.

As soon as there is any fever, cold sponging should be resorted to at once, without waiting for the usual degree of temperature (102 deg. or 103 deg., F.), and the bath should be given once or twice a day

with thorough rubbing. These baths increase the capillary circulation, promote nutrition, stimulate the functions of the skin, and assist in keeping down the temperature.

The foregoing treatment I believe to be the most rational and, in all probability, the most specific and effectual treatment for the abortion of typhoid fever. It should be followed during the first week of the disease, and while waiting for a diagnosis.

When a house is full of smoke we go for the fire. In typhoid fever the human temple smokes everywhere, and we are blinded by the smoke. Let the smoke go! Where is the fire? The fire is in the intestinal track and in Peyer's patches. Here, concealed from observation and almost inaccessible, is the hot-bed of infection, corruption and contamination.

By the way, it is a significant fact that the term "typhoid" is derived from a Greek word, which signifies smoke, mist, or fog. How suggestive of the usual mental condition of physicians in the treatment of typhoid.

In diphtheria behold how great a variety of symptoms are provoked in the organism by the little lesion in the throat. But what is infiltration, inflammation, and ulceration of two tonsils, in comparison with a similar condition developed in anywhere from, say, 5 to 50 of Peyer's patches? If all the forces of the organism are aroused to rebel against the little diphtheretic lesion in the throat, it is not wonderful that the same organism cries out, from nearly every tissue and organ in the body, when so large a number of intestinal glands are attacked with typhoid? I am under the impression that most physicians lose sight of the true condition of the intestinal lesion of typhoid fever. They think the diseased intestinal walls have no more caliber than the casing of a sausage. Whereas, in typhoid fever, Peyer's patches are wonderfully changed. Their normal size varies in length from half an inch to an inch and a half; and, occasionally, a patch is three or more inches long. Their average width is $\frac{3}{4}$ of an inch, and they vary in number from a few to as many as 60 or 80. The average number in a human being is said to be 20. When these glands become inflamed or infiltrated, and are about to slough, they may swell to the thickness of nearly $\frac{1}{4}$ of an inch. The solitary glands become swollen to the size of a half pea, and the mesenteric glands, by septic absorption, swell to the size of a banty egg, and the spleen to the size of your head. This is the proper view to take of the local conditions of typhoid fever, when well advanced and fully developed; and entertaining this view of typhoid at the outset, we must treat the disease from a local and a septic standpoint; and not from the smoke, which is engendered by the fire.

With advancing years my faith and trust in similia increases; but it has its limitations. It does not cover the entire field of therapeutics.

Prescribing from the totality of the symptoms is all right, when attended by the safeguards of pathology and diagnosis. We should, also, add another safeguard, that of analysis of the symptoms.

To every symptom we should attach the question "why?"; and if we discover the foundation to a symptom, we should consider the foundation rather than the symptom. To illustrate: What an array of symptoms are produced by the toxæmia originating from septic material in the womb. Not having discovered the cause of the fever and the great variety of symptoms displayed by the organism, we prescribe according to the totality of symptoms; but, when we discover the foundation for all this grand display of symptoms, how quickly they are disregarded, and our entire attention is concentrated on the seat of the trouble, which is effectually controlled by the change in our method of treatment.

In the treatment of typhoid fever, physicians are often led astray by the totality of the symptoms. In this disease we should concentrate our attention on the local disorder, and the consequent toxæmia; and never lose sight of this focal point, for here is the root of the disorder. In the treatment of typhoid fever, it is a condition that confronts us, not a symptom, or a set of symptoms, as much so as in the case previously cited. Were we to consider the totality of symptoms in treating typhoid, how seldom would we prescribe baptisia. For, in the early stages of the disease, many of the symptoms peculiar to that drug are absent. For example, the extreme restlessness, the diarrhea, the offensive discharges, and that characteristic—"a feeling as though the body were in separate parts, and a restless effort is made to get the parts together." These symptoms, the delirium, and the extreme prostration, are usually absent in the early stages of typhoid; and we have been taught that baptisia is the remedy for the nervous type of typhoid; hence, those who closely follow, in prescribing, the totality symptom method, will often be led to some other drug at the outset of their treatment of typhoid fever, especially if the case is free of nervous symptoms. The physicians who thus prescribe are blinded by the smoke. They are not giving attention to the foundation of the symptoms. There is another side of baptisia than that which we have just outlined, and this side of the drug will show how well adapted it is to the early stages of typhoid fever. The headache, the muscular soreness, the congestion and catarrh of the intestinal mucous membrane, and, above all, the conditions which precede and attend the toxic conditions, which originate in Peyer's patches, and the toxæmia resulting therefrom, are always pre-eminently covered by baptisia; and such being the conditions which characterize typhoid fever in the first week of the disease, we have a sure foundation on which to rest our pre-

scription. Never lose sight of the fact, that baptisia is one of the greatest, if not the greatest, anti-toxin in our materia medica, whether given for septic absorption from the womb, or the toxæmia of diphtheria, or typhoid fever.*

From the totality of symptoms, who would think of giving mercurius bi-iod., in the early stages of typhoid fever, and how seldom, according to the usual method of prescribing, would a case be found with symptoms similar enough to make us think of the drug; yet, if we consider the foundations for our symptoms, and not the symptoms, we will discover that there is no drug better indicated for the early treatment of typhoid, unless it is baptisia. Mercurius bi-iod. has wonderful control over destruction of tissue; also, over the conditions which precede and lead up to the destruction of tissue. It is one of our best remedies in ulceration of the tonsils, and the conditions which accompany and precede ulceration of those glands.

Bouchard, in his work on auto-intoxication in disease, says of the mercurial salts, page 196: "All have not an antiseptic action proportionate to their toxicity." "The biniodide, eminently antiseptic, is less toxic than an equal weight of the bichloride."

Bouchard found, by experimenting with cultures of the pathogenic agent of typhoid fever, in which beef soup was the menstruum, that the typhoid germ showed greater sensibility to the action of biniodide, than did the bacteria of fermenting soup (page 197), yet he does not recommend the drug as a remedy for the disease.

Histologically, these glands are quite similar to the agminated glands (Peyer's patches) of the intestine. And in typhoid fever the sloughing and ulceration of these patches is very similar to ulceration of the throat in diphtheria; hence, the bi-iod. of mercury should act just as efficaciously here as elsewhere; and it also covers the high fever and excretions, and is antiseptic in its action. What more can you ask for on which to base a prescription—knowing that these conditions, as a rule, do or will exist in a typhoid case in less than a week from the invasion of the disease, unless aborted?

I have so recently become converted in reference to typhoid fever, that I have no cases to offer that have been treated as herein stated. However, I can vouch for the efficacy of this method of treating diphtheria, when begun early in the disease; and baptisia already has a record for typhoid; and from all the knowledge I possess, and from recent experience with typhoid, at the Erie County Hospital, and from considerable experience in the treatment of diphtheria and typhoid, and the use of baptisia in typhoid, I have great confidence in the soundness

*Echinacea August, may prove a possible rival to baptisia.

of my position; and I therefore venture to give it publicity without waiting for further light.

In Germany, two specific treatments for typhoid have long been known. One treatment consists in the use of iodine, the other, mercury. In our mercurius bi-iod., the two specifics are combined.

SOME FACTS THAT SUPPORT MY POSITION.

Bouchard, in the work before referred to, page 199, mentions two cases of typhoid fever, which were benefited by blunders, which the nurse made in giving intestinal antiseptic douches.

The one case received an enema containing 48 grammes of crystallized phenic acid. The patient had a temperature of 104 deg. F. Following the enema the patient lay in a coma for several hours. The temperature fell to 95 deg. F., and, in the evening, rose to 107.4 deg. F. The next morning the patient was apyretic with a temperature of 98.6 deg. F., and remained convalescent. "The disease was destroyed."

The other case referred to received, by mistake, an enema with alcohol at 176 deg. F. The disease had reached the ninth day. The first red spots were appearing. After the enema, her temperature fell to 95 deg. F., and she became totally blind. When the temperature once returned to 98.6 deg. F., it remained at this point for four days. And Bouchard adds: "The malady resumed its course; the microbes had merely been dormant; they required a certain time to reproduce their pyretic symptoms." In all probability, had alcoholic douches been properly continued, in this case, the microbes would have been kept dormant, there would have been no septic absorption, the fever would not have returned, and the case would have been cured.

We are thankful for these recorded accidents and blunders. They clearly teach that typhoid fever begins as a local disease. They also show the marked effect of alcohol and carbolic acid on the local lesion, the septic condition, and the fever of typhoid. That a mistake was made in the administration of the douche, in each case, does not weaken the support that they lend to my views of typhoid fever, and its treatment.

SOME OTHER POINTS.

In the latter course of typhoid fever, the fever will sometimes remit and intermit, and drag on in a wearisome way. This is usually promptly controlled by the tincture of gelseminum; and when this type of fever is met with, as it sometimes is in young children, gelseminum will often control it.

A weak heart in typhoid fever, if there is no endocarditis, is admirably sustained by the use of glonoine (1c), given in water, without any other medication for the heart.

When typhoid is treated with the Brand method of bathing, and the regular time for a plunge has arrived, if the patient is sweating it should be postponed; and it should not be given when there are complications, such as pneumonia, pleurisy, capillary bronchitis, and endocarditis. This treatment should, also, be discontinued when the temperature is greatly influenced by the plunge, so that it falls several degrees, say, from 103 deg., or higher, to below normal.

For hemorrhages, think of nitric acid, ipecac, geranium, erigeron, trillium, millefolium, and ergot. Ergot controls hemorrhage mechanically by contracting the arterioles. In passive hemorrhage, when the bowels are acting freely, an occasional dose of opium(1x), may be given, in conjunction with whatever other remedy may be selected, with good effect. A powder of this need only be given from one to three times a day. Usually, a powder night and morning is sufficient; and it should not be continued long. In alarming hemorrhages resort to infusion of the standard salt solution.

Bronchial catarrh, or bronchitis, attending typhoid, is often promptly relieved by the use of calcarea iodide(2x).

We will conclude our paper by considering a few of the many questions, in reference to typhoid fever, which the books do not answer.

Why is typhoid fever so uncommon in children under two years of age; and why is the course of the fever so irregular in young children? Probably, because Peyer's patches are not fully developed. It is a fact, that the younger the child, as a rule, the more unlike is typhoid fever to that which occurs in the adult; and post mortem examination made on young children dying of typhoid shows that the pathological lesion is not the same as that found in the adult. The ulceration occurs in points, and is attained without a necrotic crust. (Starr.)

Strumpell says: "In children, it is a remarkable fact, that typhoid ulcers are much less frequent than in adults." And the rose-spots are, too, and the toxæmia.

Why is typhoid fever uncommon after 60 years of age; and why, when it does occur in advanced life, is the course irregular, and more like that which occurs in early childhood than the adult typical form? Probably, because Peyer's patches have undergone some change, possibly partial atrophy.

Why is abortive typhoid fever short in duration? Probably, because Peyer's patches stop short of ulceration, and there is little or no septic absorption.

Why do we not always get tenderness in the right inguinal region; and why, when we do get it, does it occur usually in the second week?

Probably, because, when absent, the patches in that region of the abdomen are not sufficiently involved to produce tenderness; and, secondly, when they are involved, they are the most diseased during the second week. There is usually some abdominal tenderness, although it may not be strictly confined to the right inguinal region. The abdominal tenderness may be due to the swelling of the mesenteric glands, which are affected by absorption. The general muscular soreness may extend to the abdominal muscles.

Why does the type of typhoid vary? Probably, due to temperament, constitution, age, and idiosyncrasy; and because the number, size, and development of Peyer's patches vary in individuals; and, also, because the number of patches involved in the disease, at one and the same time, vary. There may be one or two patches involved, or there may be many. The type and severity of the disease are, also, influenced by the extent of ulceration, and by the variations in the ptomaines absorbed, which vary both in kind and quality. There is, no doubt, a variety of ptomaines produced, and, as poisons, they vary in degree. They often produce effects on the body similar to poisonous drugs, with which we are familiar.

Why are relapses common in typhoid fever? Probably because the typhoid bacillus which is still in the intestine attacks a Peyer's patch, which was not previously involved in the disease; or, owing to some error in diet, the patches which have been involved and are not yet healed, are irritated by the food, and are reinflamed and infected, more or less, by the bacillus.

Why, in severe cases of hemorrhage, if the patient survives the hemorrhage, is recovery often rapid? Probably, because the system got rid of a large amount of ptomaine with the blood, and the temperature was greatly reduced.

Why in regular typical typhoid, does the fever mount up a degree a day, in the first week? Probably, because the fever corresponds to the progress of inflammation and destruction of tissue, which is going on in Peyer's patches; and the amount of ptomaine absorbed is steadily increasing.

Why does the tongue clear and coat up repeatedly in the latter stages of some severe cases of typhoid? These changes in the tongue are probably due to the ptomaines taken up and given off by the liver. The liver possibly loads and unloads repeatedly.

Why in some severe cases of typhoid are abscesses common and general? Probably, due to severity of the toxæmia.

Why are constipation and inaction of the bowel the rule in the first week of typhoid; and, in some cases, continue through the disease? Probably, due to several causes. First, the heat and dryness, which

attend the beginning of inflammation. Secondly, irritation in the intestinal track causes the involuntary intestinal walls to contract, or maintain considerable tension, which checks peristaltic action. Thirdly, probably, because in those cases, in which the bowels are confined throughout the disease, there is not much catarrhal excretion from the intestinal mucous membrane, and Peyer's patches are not severely affected, as in the abortive form of typhoid; and, fourthly, the liver may not be excreting the normal amount of bile.

SOME CASES.

T. J. APPLETON, M.D.

PORT ANGELES, WASH.

CASE 1.—T., 35, had a condition similar to hay fever, except that it came on in the late autumn and continued all winter, becoming worse with time. It was sneeze, sneeze, sneeze, all of the time, and nothing but water came from the nose. Patient gave a history of some children's ailments, bronchitis at seven years, acute rhinitis was of frequent occurrence. Never had venereal disease of any kind. Adhesions of foreskin to glans and small opening in foreskin. Could not retract it until fourteen years of age. Circumcision at 27 years of age. Nervous prostration at 28 years, due to over study, largely. Recovery slow, but gained fair degree of health in about three or four years. Had very severe headaches for about two years. Hair on face turned white and some fell out; also some spots on head similarly affected. Passed urine frequently at night, and had some albumen in urine, about age of 27, which disappeared upon discontinuing the use of tobacco, but did not seem to be benefited by the circumcision. Have had normal urine ever since, except occasionally it is somewhat alkaline. Patient had received rhinological treatment, but the nasal trouble persisted.

I passed a No. 10 sound and found a very tender and irritable urethra; passed sounds four times, when improvement was so marked he discontinued his treatment, but returned again in a few weeks with same old trouble. I immediately passed another sound and while the sound was still in the urethra, the nose dried and never troubled with that condition since. A few treatments were given, but not many. This is a long story for a small condition, but few cases of this character have been reported, so I thought it might be interesting. I wish further to add that the condition of frequent urination is only partially cured.

CASE 2.—M., 36 years old, mother of four children, was delicate when a child, menstrated at 13 and always had great trouble at the

periods and very difficult labors. Some laceration of cervix and considerable laceration of peritoneum. Pelvic peritonitis two years ago, resulting in abscesses of both ovaries, pus tubes and great amount of inflammatory tissue and adhesions in pelvis. Vaginal hysterotomy a few months later, with good recovery, except pustular discharge due to fatty degeneration of inflammatory deposits in pelvis, with consequent liquefaction of same. The discharge was through the vaginal wound, but this did not seem to interfere with improvement in general health, as she gained steadily for nearly a year, when she had pneumonia and was acutely ill for about three weeks, when she was apparently as well as before the attack. The discharge mentioned above did not entirely subside for about one month more, and since that time she has been entirely free from it, and her health is better than any time since she can remember. If it was not for the absence of the menstrual function and an occasional hot flash, she would not know that she had been operated upon. She climbs mountains and takes any severe exercise that she wishes, even to dancing. But the most peculiar part of the case is that her breasts have grown large, sound and firm, just about like a girl's at eighteen or twenty.

CASE 3.—Mrs. P., age 29, stenosis of rectum and other complaints. Uterus about two inches in depth, just admit a No. $3\frac{1}{2}$ sound. Adherent hood of clitoris. Rectum about $1\frac{1}{2}$ inches from anus seemed filled with a hard mass nodular in character, with an opening through it that would only admit of the passage of a No. $6\frac{1}{2}$ uterine sound. Pus constantly oozes from anus. Hard, enlarged appendix as a result of appendicitis two months ago. History of severe pelvic inflammation five years ago, probably specific trouble. Has passed pieces of tape worm and has taken treatment for same unsuccessfully.

Dilated and curetted uterus, loosened hood, dilated rectum, and did a little slit work. She acted badly during the anesthetic, she was rigid, had rapid pulse and stertorous breathing until stricture was dilated to about one inch in diameter, when breathing became quiet, pulse exactly 72, and soft and a normal relaxation of the muscles. Hands and feet warmed up during the operation also. This latter condition is one I have seen seldom, although subsequently the hands and feet warmed, but not on the table. The method of dilating was peculiar and the work was difficult. We first passed uterine dilators up to a No. 20, then by persistent work with the index finger in a twisting, boring motion, assisted by a constant straining by the patient from above, we succeeded in passing the first joint through stricture, then by bending the joint and pulling sideways, succeeded in enlarging the opening so as to admit by considerable force the second finger also. There was a great quantity of pus and blood, with some lumps of stool and decayed tissue

evacuated. Work was done very cautiously, on account of the great amount of throbbing arteries in immediate contact with the mass, but we finally succeeded in securing a fair degree of dilatation. There was considerable hemorrhage for several days, and the pustular discharge continued for more than a month.

There was no after trouble as a result of the work or anesthetic, and great improvement in all ways. Dysmenorrhea and constipation were entirely removed and the dreadful melancholy disappeared at once. Expect to soon remove tape worm.

CASE 4.—Miss C., neuralgia of inferior dental nerve and very severe neuralgia at upper part of spine near base of brain and over mastoid process; the pain was so severe it nearly drove her frantic. Has always suffered from dysmenorrhea, and so extremely nervous she could not sit still, and it also caused an impediment in her speech. Had brain fever at the age of 20, and sprained ankle, which caused a nervous break-down five years afterward.

Has had treatment by injection method for piles, and later had some radical work done for same condition, followed two years later by another radical operation for her hemorrhoidal condition, which was followed by a complete nervous prostration and seemingly no great amount of improvement in her general health.

Upon examination found some albumen in urine, but otherwise normal. Adherent hood, and so tight that the tip of the clitoris could scarcely be uncovered. Pin hole os uteri and very irritable rectum, with considerable hemorrhoidal tissue just within the sphincters. We circumcised, and dilated the uterus, and upon curetting removed large quantities of debris, as though the membrane had been held by the stenosis of the os instead of passing away at the periods. The slit operation was done on the rectum.

The fear of nervous prostration that followed other operations and illnesses did not trouble this time, and she improved from the very day of the operation and continued for about six weeks, when she had an attack of spinal congestion, due largely to exposure at the monthly period, and was followed by the old neuralgia in the neck, and constipation came on about same time with pain in rectum. We prescribed rectal dilators for home use every night for ten minutes, which soon gave relief, and she used them for about one month, when she discontinued for three days, with an immediate return of pain and a spasmodic contraction in rectum, followed soon by the old enemy in the neck. She then began the use of the dilators again, with immediate relief, and continued their use another month, followed by same experience as before, so she began their use again and she has also used rectal douche after stool for the purpose of keeping the rectum entirely free from

fecal matter. She now says she is feeling so much better than she ever felt before since she can remember, that she calls herself entirely well, and she acts so differently that her friends scarcely know it is the same person. She is a very bright, well educated lady, one of unusual intelligence, and one who endeavored to control herself under all circumstances. Even on the morning of her operation, while we were making some arrangements for the work, she quietly wrote an article for a newspaper. And she entered into the psychic part of the treatment with all of the strength and force she had. The albumen has entirely disappeared from her urine.

The results of orificial work are truly marvelous generally, and in special cases it seems like a miracle. This last case was operated upon by two distinguished surgeons before coming to us, but they did not understand the orificial principle, so failed to effect a cure. The patient had had performed no end of dental work and lost some sound teeth as a result of not having her case rightly treated, and taking all her experiences together, we would indeed be stupid had we failed to take the only method left.

A FEW OF MY ORIFICIAL CASES.

C. E. COLE, M.D.

PRAIRIE DU CHIEN, WIS.

In December of 1897 I treated a gentleman, occupation farmer, aged 65 years, for hemorrhoids and prolapsus of the rectum of several years' standing. He had tried all manner of patent nostrums, and been treated by a specialist who used local application to the pile tissues. Had spent hundreds of dollars in seeking relief, but all to no avail. Under cocaine anesthesia I performed the slit operation, removed a portion of the redundant rectal tissue and afterward on several occasions stretched the sphincter with Pratt's rectal speculum. This patient had been troubled for years with indigestion, constipation, shortness of breath, etc., all of which disappeared after the operation, and he is now enjoying better health than for many years.

CASE 2.—Young man, clerk in grocery store, troubled with hemorrhoids and constipation; general health good; performed slit operation under cocaine anesthesia. Result, complete recovery of both affections.

CASE 3.—Farmer's wife, aged 63 years; hemorrhoids, constipation and nervous debility. Performed slit operation about one month ago. Patient is much better and gaining rapidly, with prospect of permanent cure.

CASE 4.—Young man, aged 25 years; sexual debility. Had nightly

emissions, nervousness and the usual train of symptoms which accompany such cases. He had been treated by several physicians and taken large quantities of medicine with only temporary relief. Acting upon the belief that his trouble was of nervous origin caused by some irritation within the urethra, I stretched the urethra with graduated sounds up to the point that I deemed safe. Three treatments of this kind, without any medicine, at intervals of one week, cured the case. On inserting the sound I found a slight stricture of the urethra which was no doubt the cause of all his trouble. I believe the dilatation treatment worthy of further trial in the obstinate cases of sexual debility and nightly emissions.

My reason for using local anesthesia is that nearly all my work has been performed in the country without medical assistance. Having been successful under adverse circumstances, I am much pleased with orificial work, and believe it to be a valuable assistant in the treatment of many chronic diseases.

CORRECTION.

INDIANAPOLIS, Ind., Dec. 12.—*Editors Journal of Orificial Surgery, Chicago, Ill.*—*Gentlemen:* My attention has been called to the report in your journal of October, 1898, page 175, of the discussion of Dr. Eaton's paper, where I am quoted as saying: "It has been my practice when threatened with *hemorrhage*, to give Epsom salts, a teaspoonful in hot water every two or three hours; and continue until you get relief. I get good results with Epsom salts."

The word "hemorrhage" should be "peritonitis." I would not think of giving Epsom salts in a threatened hemorrhage, but I think very well of it in threatened peritonitis.

You will do me the favor to correct this error in your next issue, and greatly oblige. Yours truly,

W. F. CURRYER, M.D.

EDITORIAL DEPARTMENT.

SELFISHNESS AND IGNORANCE.

We are not quite so prejudiced, are we, against ignorance as we are against selfishness? There seems to be something contemptible about selfishness. Everyone despises it, except, of course, in themselves, and even then when they are analytical enough to discern it and honest enough to confess it they always feel ashamed of its exhibition. Successful business men, accomplished doctors, lawyers and ministers, distinguished painters, sculptors, inventors and musicians, multitudes of the world's great and prominent in every walk of life are by no means exempt from the frequent exhibition of so-called selfish propensities. Selfishness, indeed, seems to be a very common flaw in the make-up of most people, rich and poor, high and low, educated and uncultured alike. It is a mischief breeder at all times and in all places, for its exhibition invariably excites antagonism and the righteous indignation of all those whose interests are affected by it. Its reputation, indeed, is so great that it is said to be the root of all evil. And that position is certainly a conspicuous one; for evil is a composite term, standing for all our miseries. Whatever thwarts our purposes, blights our prospects, interferes with our advancement, defeats our ambitions and afflicts us with any variety of pain, disappointment or distress is to us an evil, and the quality which is responsible for the entire catalogue of our earthly miseries must necessarily be one of undeniable prominence.

Selfish efforts are everywhere unwelcome, and their defeat is the common desire of everyone who witnesses them, so universal is the sentiment that all types of selfish considerations are hostile to human happiness and prosperity.

We estimate ignorance quite differently. We pity ignorance, make allowances for it, we forgive it and overlook it, its mistakes and failures excite compassion and arouse a disposition to relieve whatever distress it may occasion. Those who meet with grief in spite of doing the best that they know are considered worthy beneficiaries of the world. The great missionary enterprises and charitable efforts which philanthropic humanity organizes for the unfortunates of earth are mainly directed to the cure and prevention of ignorance and its results. It is the universal verdict of mankind, therefore, that selfishness and ignor-

ance are widely diverse in their nature. The one it despises, the other it tolerates; the one it seeks to destroy, the other it strives to correct; the one it regards as contemptible, the other as excusable; for the one it has no mercy, for the other forgiveness. Almost every variety of earthly strife is a struggle to the death of, for, or against selfishness; while the chief object of all human charity is the enlightenment and amelioration of the conditions of the ignorant. The world hopes to frown all its selfishness out of existence, but for the cure of its ignorance it has the gentler process of education.

There is much in a name, and if the world could be convinced that what it has considered as selfishness is but a type or rather a result of ignorance, it would at once extend its mercies rather than its punishments to the selfish. Appearances and realities are by no means identical, and the mere fact that selfishness and ignorance seem to be essentially different by no means disproves either their identity or kinship. Thunder and lightning have, to all appearances, nothing in common except the close association between the phenomena. Yet we now know that they are merely different forms of expression of the same force. Intense agony can express itself by hysterical laughter as well as by tears, and yet not everyone recognizes a possible identity of the causes of laughing and crying.

These illustrations are sufficient perhaps to show that we sometimes err in our estimate of causation, and the wiser we become the more frequently do we find our judgment as to the true explanation of effects to be at fault. May it not be quite possible, then, that a deeper consideration of the quality known as selfishness may change our estimate as to its real nature, and if it is shown by conclusive proof to be merely a manifestation of ignorance it will certainly be consistent enough to treat it accordingly? The world is consistent, kind-hearted, progressive, and ready to correct its mistakes and better its ways as it becomes wiser, and if its old-time selfishness turns out after all to be merely an expression of ignorance, and it is really ambitious for what is in reality just and right, it will speedily transform the sentiments of intolerance and hostility which it has so religiously cherished against every type of selfish propensity to the kindlier sentiments of charity and helpfulness, which it has ever extended to what it has been able to recognize as merely the mistakes of ignorance.

Our present object is to establish the close relationship between these two apparently widely different conditions, and although the effort may fail completely of accomplishing its purpose, it is to be hoped that other thinkers along this line, with better reasoning powers and greater felicity of expression, may later on succeed in presenting the fact so clearly to the world as in the course of time to secure its universal recognition.

The true relationship of qualities can only be established by a process of careful analysis and comparison of them. In the present instance the nature of ignorance is already estimated by the world with sufficient fairness to enlist its kindest sentiments and tenderest consideration, and it will scarcely be necessary to dilate extensively upon the nature of ignorance, for it is by no means desirable, for the present at least, to interfere with the helping hand which has ever been outstretched to benighted pilgrims of earth. What is sought for is to secure an equally charitable attitude toward what is named selfishness on the ground that by careful consideration it will readily be found to be nothing more nor less than an exhibition of ignorance itself.

Every human being on the face of the earth is pursuing his pilgrimage in search of happiness. We all want peace and plenty and love and trust and satisfaction. This is true of the sinner as well as of the saint, of the humble as well as of the noble, of the unfortunate as well as of the prosperous. This innate desire of the human heart for the fullness of things is universally recognized as its legitimate, inalienable right; and no one calls it hard names. This is not selfishness. Hunger, thirst, aspirations, yearnings, wants of all kinds, then, are such universal qualities that there is no human being without them. For their possession, therefore, no one is to be blamed, reprimanded, stigmatized or punished. The sole purpose of every variety of want is satisfaction. The achievement of satisfaction, then, is a worthy object, of which no one need be ashamed, for without it life itself would be purposeless.

But how can satisfaction be obtained? This is the great rock upon which all humanity splits. Opinions upon this subject are at great variance. Some fancy it lies in wealth and some in poverty, some in health and some through long sieges of torture and self denial, some fancy that power in the form of political or social preferment would secure them their coveted happiness, while others seek theirs in humility and seclusion, some fancy that happiness come of knowledge, while others court ignorance to obtain it; some seek it in sights, some in sounds, some in perfumes, some in flavors, some in physical contact with agreeable objects of various kinds, while others religiously avoid all the allurements of the flesh with identically the same object in view; some look for it in culture and others in boorishness, some fancy it can be found here, and some are waiting patiently its acquisition in the hereafter. Naturally enough disappointments are common, and the history of time is deeply saddened with the records of multitudes of broken hearts.

A careful study of the records of the universal struggle for peace and happiness leads, however, to definite conclusions upon the sub-

ject which cannot fail to interest those who are willing to be guided by the experience of others. Those who have sought happiness in culture have failed in their search; those who have sought it in travel, and fine houses, and costly apparel, and worldly display have been but poorly rewarded for their pains; those who have sought it merely in wealth have never found it; those who have sought it in preferment have but experienced the emptiness of any and every variety of worldly honor or ambition; those who have sought it in knowledge have been left still heart hungry; those who have sought it in mere physical perfection have never tasted its blessedness; those who have sought it in the lusts of the flesh have glutted their appetites to satiety in vain; in short, all those who have sought it on the surface of things have toiled to no purpose. This by no means justifies a conclusion that the wealthy, the robust, the powerful, the learned, the good livers, the æsthetic are necessarily unhappy. On the contrary, peaceful, happy, contented specimens of humanity can be picked up from all these classes, showing that while the pleasures and allurements which earth has to offer her children do not in themselves insure happiness, they at the same time are by no means inconsistent with its acquisition. Those who have sought for happiness in poverty, pain, privation, humility, solitude, irresponsibility, and the crucifying of the flesh have by no means been universally successful in their search, showing conclusively that happiness is not a negative virtue. And yet as some of these also have attained the object of their search, we are driven to the final conclusion that soul satisfaction, which alone constitutes happiness, is entirely independent of all material or outward considerations. There is not the slightest doubt of the correctness of this conclusion, and that all human experience invariably and inevitably sooner or later leads to it; through disappointment and misery and agony indescribable on the part of those who are not alive to the fact without a personal test and with much less of the dregs of life for those who are fortunate enough early in life to be instructed in the great lesson of self-denial and usefulness to others. The man who wants wealth wants it for the fancied happiness it will bring. It is happiness he is after; wealth is only the means. And the same statement will apply to all the other classes of earthly pilgrims already referred to. If the great fact that happiness does not consist either in the possession of wealth, honor, culture, learning, display, or their opposites, was universally known and acknowledged it would materially modify the pursuits and practices of mankind. As the common aspiration of every mortal is the acquisition of happiness, no one would scarcely be so imbecile as to seek it where he very well knew it could not be obtained. But without this knowledge he is left to his fancies and guesses, and hence the mistakes and disappointments. The

man who fancies happiness lies solely in the possession of wealth is not liable to be particular as to the means by which it is attained, for when once the coveted treasure is in his possession he expects that all his problems of life are satisfactorily solved. He may drive hard bargains, deal unjustly with his fellows, employ methods of extortion and oppression; he may steal. If he believes that the mere possession of wealth will make him happy he is liable to commit any or all these fatal mistakes. If before he instituted his search for wealth he only realized that dishonesty was fatal to his peace of mind, he would certainly never have resorted to irregular methods of securing riches. But in his ignorance he blundered, offended, and became obnoxious and failed in his purpose as well. The unhappy quality which he thus exhibited the world calls selfishness.

And in just the same way the intellectual miser, the globe trotter, the vain, the worldly ambitious, the good liver, and the wittingly poor, humble, apathetic and self-tortured crusaders would undoubtedly modify their course of life if they only knew in just what way to better it so as to obtain the true object of their search. In other words, they would no longer ardently seek an object difficult of accomplishment if they but once realized that it would bring them no satisfaction when once secured.

A wise man would never be jealous or covetous, for this would be selfish, and selfishness always brings pain instead of pleasure. A wise man would never seek consolation in mere travel, for its own sake, for he would at once understand that he could never escape from himself. A wise man could never become either a physical or intellectual miser, for he would understand that only in giving could he receive. A wise man would never be proud and seek satisfaction in display of any kind, for he would know that comparisons are odious and it would simply visit upon him the enmity of his fellowmen instead of their good will, in which alone he could find peace and comfort. A wise man would never seek political or social preferment merely for the sake of power, for he would understand that all true greatness lies in service to others and not in the mere garb of authority. A wise man would not seek happiness in sensual satiety of any type, for he would know only too well that the flesh profiteth nothing and its true position is for man's service and not his mastery. Neither would he impoverish himself, or debase himself, or torture himself in any way, hoping to find in the ecstasy of pain which can be induced by almost any variety of self-torture, even the slightest degree of comfort or consolation. A wise man very well knows that the struggle for happiness is a battle royal in the world of realities and is perfectly independent of the world of appearances. He fully

comprehends that happiness is merely a state of the soul and cannot be spelled out with the alphabet of sense perception. He knows so well that every type of selfishness is so inimical to its existence as to be wholly unworthy of his employment or even recognition. A wise man studiously observes in all his spiritual, intellectual and physical faculties the rules of life as laid down in the ten commandments, for he recognizes these as merely the laws of physical and spiritual physiology through the observance of which alone can health of mind or body be attained and preserved. A wise man is not selfish, simply because he knows better. He seeks happiness and knows that the exhibition of selfishness will never secure it for him. Only the spiritually ignorant, then, are selfish and inconsiderate. Selfishness, therefore, is nothing more nor less than an exhibition of gross ignorance. The selfish and unselfish alike are hungry for the true bread of life. Alike do they seek peace and contentment and satisfaction. The unselfish have been educated into the only course of conduct by which these can be attained. The selfish are the blind, tempest-tossed and ignorant mortals thirsting and hungering and yearning after the consolation of righteousness without a knowledge of the fact that only righteousness can give them their hearts' desires. They steal and lie and hate and fear and hurry and scramble and try in every possible way to take the kingdom of heaven by violence. Somewhere, some time they each and all must learn better, for experience is a most successful school.

It may be argued that large numbers of those who habitually insist in exhibiting selfish propensities which consist merely in blindly seeking what they want without regard to the rights and interests of their fellows are unconscious of and perfectly impervious to all conception of right and wrong, and hence only too well deserve the penalties so universally extended to the inconsiderate. In reply to this suggestion there is this great fact to be considered. There is such a thing as paralysis, and it is by no means an uncommon affliction. Sometimes it affects the sight, sometimes the hearing, and sometimes the other faculties. Sometimes it attacks the extremities and sometimes the internal organs. There is no part of the human body indeed that is exempt from the possibility of more or less complete paralysis. What is true of the body is equally true of the mental and moral faculties as well. Perception may be dimmed, and so may memory; judgment may be stupefied, and so may conscience; truth and honesty and love and faith and all other qualities of the soul may likewise suffer functional incapacity. All such cases are invalids, and the time may come, and indeed should be close at hand, when doctors are of sufficient skill to diagnose and successfully treat all maladies of this

unfortunate nature, be they exhibited in the body or in the spirit. Certain it is that invalids of all kinds demand the tender consideration of remedial attention rather than the exhibition of ignorant brutality on the part of those who have them in charge.

In the considerations of the present paper we have in mind only those whose faculties of mind and body are all in active and normal operation. The mistakes of all such are nothing more or less than those of ignorance. Then, why should they be treated otherwise?

In our day and generation the education of the human race is but fairly begun. Few are wise, and consequently unselfish. Most of us are still projecting our puny purposes across the turbulent current of events, poorly equipped with charts and compasses for successful careers. We are all of us more or less selfish in our propensities, not because of what we want but because of our ignorance of the only way our wants can be satisfied.

Now as school children tugging away industriously at the lessons of life shall we be patient with one another's mistakes and forgive and forget and learn of each other, or shall we taunt and jeer and ridicule and punish to the extent of our feeble ability every misguided action that comes under our observation? Mother love is sacred throughout the world, because in its unselfishness it ever clings with fond tenderness to its children irrespective of their waywardness. In consequence it furnishes us our most substantial help and encouragement throughout the maze of life. But mother love alone cannot protect us from the bruises of time. We need the loves of father and brother and sister and husband and wife and children and friends and associates, and indeed the broader love of all mankind, which are but types of the great sustaining love which God himself has for all his children, in order to guide us to the light that will teach us to substitute education for punishment and enlightenment for blame. It is the sick who need a doctor, it is the erring who merit forgiveness, it is the prodigal who should be sought after, it is the selfish who should be taught better. Of what use are friends when we do not need them? Of what use is tolerance when there is nothing to bear? What virtue is there in kindness when it has only a commercial value? When we are once educated out of ignorance we will at the same time be educated out of selfishness. Selfishness, then, in all its forms of expression, is merely an exhibition of ignorance, and education must be of necessity its only cure. And if it can be universally thus interpreted the life of every one of us will speedily become less of a struggle and more of a pleasure. Selfishness in all its hideous types will then be more pitied than blamed, more tolerated than despised, more befriended than punished. It will cease to antagonize and arouse only sympathy and helpfulness. Like ignorance itself, it will

be put on the charity list and in the true spirit of philanthropy will be educated out of existence.

The appearance of a light sends rats to their holes, and when the mask of worth which selfishness puts on is snatched from its face and its stupidity, foolishness and undesirability is once freely exposed to public gaze, its manifestation will speedily become mere matters of history, for its practice will cease.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

27. The instructive paper by Dr. Van Scoyoc that appeared in a recent number of this journal, called attention to what might be accomplished by uncomplicated measures. In fact the treatment pursued in the cases cited was the same as that followed in the early history of orificial surgery, and which lead so many physicians to look with favor upon it because of the success following its use. The number of cases requiring such measures are very numerous, of almost daily occurrence, and if attended to early would prevent the necessity of some of the major operations. The ambition to do great surgical operations has perhaps led many to err in judgment in subjecting not a few patients to unnecessary severe operations, not only to the detriment of the patient operated upon, but also to the surgeon himself and to the methods to which he gives his approval.

The clinical cases given were too severe to be reached by other measures, in fact they had failed, but were readily cured by the mildest orificial treatment. It is a serious responsibility to advise the removal of important organs even where extensive structural changes have taken place, and still more serious to remove them for minor local diseased conditions. The most skillful diagnostician and operator needs just such a paper as the one referred to, to remind him that he must be careful lest the confidence that comes from his skill lead him to attempt to accomplish by severe means that which may be better done by those that are milder. The less expert operators should have more of such papers that they might realize that many cases that fall to them may be cured by themselves if taken in time, and thereby prevent a possible life of suffering. However, there is more such work being done to-day than ever before, but because it is so common and easily performed it does not receive the extensive notice in medical literature that it did a few years ago. Then it seemed marvelous, now familiarity with it makes it commonplace. Those who have not read the paper mentioned will be the gainers by doing so.

28. Dr. Jeannie W. Martine of New York has devised an electro-uterine dilator which has been in successful use for four years. Dr. Martine, in the *Journal of Electro-Therapeutics*, says:

FURTHER DEVELOPMENTS IN DILATING WITH FARADISM.—By Jeannie W. Martine, M.D., New York.—It is my purpose to describe an instrument that I have been using successfully for over four years; also a method to which in 1894 I drew attention in a paper read before the Society of Electro-Theraputists. The method I have found very beneficial where dilatation is required, and it is one that originated with myself. It is simply dilating under the anesthetic effects of the fine wire coil of faradism, and instead of using the graduated sounds, using an instrument similar to Nott's dilator, connected with one pole of a battery, while the other is applied by pad to abdomen.

Since first calling attention to the matter I have received many letters from physicians asking me to describe instrument. I had several instruments made before I found one really practical, the difficulty being in their all being so clumsy and in the diameter being so large as to obstruct the view of the os, it being a necessity in divulsion to see what one is doing as well as to rely on the touch. I have no doubt that there may be further improvements suggested, though it now does its work in my hands effectually.

I have used this instrument in a variety of cases. I wish to mention one class where the physician does not as a rule consider divulsion necessary. I mean in subinvolution complicated with endometritis; here divulsion causes first, drainage. Second, it acts as massage and sets up a better circulation. The electricity helps us here by its stimulating properties more than its anesthetic effects, as the uterus is rarely sensitive in subinvolution.

My electrical dilator is one of my best friends in nearly all cases of uterine disease and it can of course be used with the galvanic as well as faradic currents, and I have yet to see a case so sensitive that I could not dilate by its judicious use. It is indeed simply wonderful how the long, fine wire coil of an Engleman-Faradic battery will benumb the parts so that little or no distress is felt. I, however, give myself plenty of time in treating sensitive subjects and only do very little at each treatment. One important point I wish to mention: The anesthetic effect of electricity, faradism at least, is only felt while the current is turned on, and this is the objection to using graduated sounds, much pain being caused by withdrawing, turning off current and reintroducing a larger size. Theoretically why this is the case I cannot say; practically I know it to be so, but the instrument I have described allows current to flow while we are dilating and overcomes that difficulty.

29. In total abdominal hysterectomy for fibroma, it is of the greatest importance to reach as quickly as possible the surface of the uterus, so as not to divide the arteries which creep along its circumference. One then only has to pay attention to the uterine arteries, all branches divided in this way contracting so forcibly that there is no hemorrhage. It is even possible, as I have seen myself in the case of an operation performed by an American surgeon, to remove the entire uterus without any need of placing a single ligature. In other words, the uterus should be treated exactly as the bone in a subperiosteal resection.—*Pozzi*.

When that American surgeon, Pratt, who is referred to in the clipping, first claimed that the uterus and appendages could be removed without the use of ligature or clamp, the claim was regarded as preposterous. Then all were willing that he should bear the supposed odium of such foolishness. Now, although but a comparatively few years have elapsed since the operation was perfected, many would not only be glad to be its author, but refuse to give credit to the one who is really responsible for the operation. Pozzi, as a guest in Chicago, saw Pratt remove the uterus without any ligatures.

30. Thinking on any subject improves the power of thought in general, just as treatment of a local lesion often raises the general tone of health.

Stretching the sphincter and cutting out these pockets will, of course, remove these effects, but if the cause continues to operate, will they not return? And the patient must risk temporary, perhaps permanent fecal incontinence and failure of the cut mucous membranes to unite.

The above clippings are taken from the same number of the Medical Brief, but from different articles. If "treatment of a local lesion often raises the general tone of health" and "stretching the sphincter and cutting out these pockets will, of course, remove these effects," why not be consistent and do it? If the reasoning is sound in the one article why not be consistent and apply it in the other? It is no more a good

policy to admit a truth in one place and reject it in another than to be a Christian on Sunday and not on other days of the week. The cases of incontinence may be due solely to an over-dilatation of the sphincter or an improper method of removing the pockets and papillæ. Those unfortunate results have occurred in the hands of a very few out of the hundreds of operators and those several years ago.

31. Vedeler observed 310 cases of primary sterility in women. Fifty husbands of these women were examined and thirty-eight had certainly had gonorrhœa and probably more. Thirty-four cases of the wives of these men had inflammation of some of the pelvic viscera. He estimated from conditions found that 198 or 64 per cent of these sterile women had been infected. He believes that in 70 per cent of these cases the cause of sterility was due to the man and but 30 per cent to the woman.

If sterility due to gonorrhœa were all, which is enough, there might be some satisfaction in the thought that the man's career would end without offspring and society be benefited at his death, but the poor wife in many cases lives through years of suffering of which, fortunately for her peace of mind, she does not know the cause.

32. ARE AMERICAN THOROUGHBREDS TREATED BETTER THAN AMERICAN GIRLS?—Dr. W. Gill Wylie in the *World*.—"My experience is," said Dr. W. Gill Wylie, "that the American horse receives on the average better treatment than the young women of America; and when I say 'young,' I mean from the time early girlhood begins until the age of development has passed."

Dr. Wylie stands among the leaders of that section of the medical profession which has made women a life study. In New York he is considered past master in his profession. Women whom medico-scientists of Europe have abandoned to the assaults of physical ailments come from all over the world to Dr. Wylie to be treated.

"The man who breeds stock never forces the young animal during the period of development. He realizes that that is the time the greatest care should be taken," Dr. Wylie went on. In this fact, he declared, lay a lesson for American parents. If they would devote anything like the attention to their daughters during the period of early development that the breeder does to his stock, there would be less complaint of physical degeneration of women, and a great increase in the number of rosy-cheeked girls, who are now the exception, Dr. Wylie says, among the school-going section of American young women.

"The greatest trouble is found in the families of the middle classes, where parents have great ambitions for their children, and are anxious that they should be intellectually developed beyond their own standard. The result is that a girl is sent to school too early, and from the time she is ten years old until she is sixteen is made to cram her head with knowledge so rapidly that the brain will not assimilate it. That is why we see so many girls with the face of eighteen or nineteen years, when that age is reached, and the bodies of children. The strength of development is devoted to the brain, and physique finds expansion as best it can.

"New England furnishes the extreme type of this sort of woman—New England, where woman is supposed to be more perfect than in any other section. The New England woman is intellectually above the average; but look at the physique of the average New England girl. It is below par.

"Where the New England family of a century ago consisted of ten or a dozen children, to-day there may be one child, perhaps three, perhaps none at all. Forcing girls to study more than they should at the age of early development is the cause of this. If the mind is forced, when the time for development arrives the physical nature suffers and the result is degeneration.

"There are two institutions which enter largely into the cause of the lack

of development of the American girl. These are the normal school and the boarding school. I have sent my own daughters to boarding school, but insisted that instead of the forty minutes allowed for recreation between the hours at which study began and ended they should have for recreation two hours, in which their minds should be free from mental work. I found that my girls were free from the serious evils that often result from the treadmill of boarding-school life.

"As to the normal school, I regard that as one of the dangers which the young girls of America have to face, because the age at which entrance is permitted is less than it should be. No girl should be permitted to enter a normal school before she is sixteen. I secured an appointment as medical examiner from the board of education of New York city for the purpose of finding out the physical condition of teachers and girls who wanted to be teachers.

"I found that the perfectly developed woman was a rarity among teachers who had reached adult age. In almost every instance girls of fourteen who entered the normal were stunted physically. Their mental development had been forced to the detriment of the physical, and what was the result? A class of girls were traveling the road to womanhood lacking the qualities that make the mother of children; rendering them either sterile or in such a condition that they could only bring weaklings into the world.

"Parents seem to forget that their girls have bodies, and take only their minds into consideration. In order that their girls shall be smarter than other girls they must study harder and take physical exercise, the outdoor life, whenever it is convenient. Parents send girls to school too early and put their brains through a course of hot-house culture that turns them into women before they should have thought of putting childhood behind them.

"There England has the best of us. Over there a girl stays a child until the time for her to enter young womanhood has arrived. Her associates are children, her thoughts are those of the childish mind, and so, when the seed of learning is implanted in her brain, it falls in a fallow ground and development is strong, healthy and enduring. Her general development keeps pace with her education, and she is strong mentally and physically. Over here, we let our children associate constantly with their elders. They are permitted to read newspapers as freely as they wish. No young girl should be permitted to read all the books that her mother reads; yet on how few girls are any restrictions of this sort placed.

"I told you that the New England woman was typical of forced intellectuality. Look at her thin face and undeveloped physique. She is bright; but if she marries she has no children or very few, and instead of motherhood being a blessing to her it sometimes proves a curse. The worst of it is, the New England woman is becoming more sterile every year. There can be but one result—her type must disappear.

"I believe that the girls that best exemplify the perfect type of American womanhood are found in Baltimore and Pennsylvania. Young women there have not been required to lead a forced life. Nature has had full sway, and if it was her bent to produce a girl of unusual mental power so it happened. But if a girl was dull intellectually no effort was made to force her into development for which she was not fitted. Girls have grown up as they should; as they always would if unnatural ways were not followed. Wherever parents of girls are willing to make of them what nature intended will be found the best specimens of the American woman.

"There are hopeful signs among the daughters of the men who have the most money. There is less tendency to force daughters of such fathers than there used to be. I am speaking of New Yorkers. Look into the life of the middle classes, however, and you will find that the evils of which I have spoken are rife.

"Among the middle-class people are many who have far advanced their own position from that of their parents. It is always the ambition of such men to have their children advance another step, and so they try to have knowledge crammed into the heads of their girls, much as you would stuff a basket full of waste paper and largely with the same result—you can crowd a

great deal into the basket, but the contents are of no greater value nor is the usefulness of the basket enhanced.

"It is just this feeling among parents that results in peopling the world with young women unfit to bear the burdens which nature intended for them. When there is a complaint of a woful absence of pretty girls, it is certain that there is lack of proper physical development, due to the forcing process, or lack of attention to girl's physique, which is fatal to health and good looks.

"There are no better examples of the physical degeneration of women than in our old families; particularly those of New York. In their case, it is not so much the result of the forcing process as of yielding to luxurious living and the lack of attention to physical development. It seems as if the girls of each succeeding generation were less and less capable of performing the duties of motherhood, and the lessening number of children in those families points to the result that must come without a decided change—the extinction of the old names.

"To arrest this degeneration parents should keep their girls children as long as they ought to be. Let their associates be children. Put adult things away from them. Don't let them read the books that their mothers and fathers read. Don't let them read newspapers. See that they are out of doors, out of doors, out of doors. Don't send them to school too early. Don't make them try to learn too much when they do go to school. Let the development of their bodies keep pace with the development of their minds. Then there will be no more pinched and haggard faces among the children. They will be healthy and happy."

This is one of the most practical articles we have ever known on the subject of preservation of health in women. Stunted is the one word that most fully states the cause of the condition of many of the American women of to-day. Pride and lack of judgment is what most frequently leads parents to place mental burdens upon the young mind that are too great for their age. A young and valuable horse having a disposition to put forth all its energy, would be restrained, held back, rested, turned into a pasture; but the young person, girl or boy, having a disposition to excel in school, no matter if it be due to a precocity, has mental tasks given to perform so largely in excess of those adapted to the age that nothing but harm eventually follows. The teachers and parents who are responsible would do much better developing horses than children. The mentally brightest child at the age of fourteen does not as a rule make the most level headed, practical adult; in fact, if he does, it is an exception to the rule. It should not be so.

There should be a physician on every school board. Not an eye specialist, nor a nose and throat specialist, nor one having any other specialty, because if that were the case there would be danger of a larger per cent of the pupils wearing glasses, or spraying their noses, making them imagine that some special organ is the seat of all their trouble, if they have any. But there should be a physician who would take a broad view of the entire situation and make the course of study such as is suitable for the general vigor and caliber of the student. Some pupils no doubt would be physically able to do more than others who mentally were their superiors, and should be permitted to advance more rapidly; some should go to school fewer months in the year than others, and and many girls should remain out of school a year at the age of puberty or until the menstrual function is thoroughly established.

C. A. WEIRICK.

JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

CATARRH OF THE SIGMOID.

(CONCLUDED.)

"The local measures to be recommended in treatment of the sigmoid after all needed orificial work has been accomplished and sufficient time has elapsed, varying from one to six months, for the reactive power of the intestine to assert itself unaided if possible, will be the subject of the leading article for the January number."

While catarrh of the sigmoid may exist and work its harm to the bodily economy regardless of the habit of the bowel, either one of the extremes of peristaltic action, namely, diarrhea or constipation, is more liable to be encountered than the orderly habit of a single daily evacuation. In all such cases normal action of the bowels will be resumed as soon as the sigmoidal difficulty is overcome.

The first step in the treatment of sigmoidal difficulties is to secure a thorough evacuation and cleansing of the entire colon. Bearing in mind that in any habit of the bowel encrustations of solid fecal matter are frequently found to cling closely to the sacculi of the large intestine in any part of its extent, regardless of whether the case be one of diarrhea or constipation, or regular habit, and remembering that these can be removed by neither water enemata nor by purgatives, the first requisite for thoroughly cleansing and renovating the colon tract will be enemata of sweet oil. This can best be accomplished by the patient occupying first the left Sims position, with the hips slightly elevated at the time of the introduction of the oil, which should be injected to the extent of fully a pint. The left Sims position should be followed in the course of ten or fifteen minutes by the knee-chest position for five or ten minutes, and this in turn for an equal length of time by the right Sims position. By this process gravity will carry the oil as far as the cecum. A portion of the oil may be evacuated on the same day of

its introduction, but fully twenty-four hours should elapse before its action is complete. A daily treatment of this kind for three or four days, supplementing it with external applications of the same material over the entire abdominal cavity by means of a flannel cloth wrung out of the hot oil and changed twice daily if the patient is confined to the bed, or simply bound on at bedtime to be worn all night in cases where the patient is about during the day, is a proper course in which to inaugurate a sigmoidal campaign.

A still more effective beginning may be made in urgent cases by the yet more thorough and vigorous procedure of combining the use of oil with water. In such cases the patient need not be removed from the left Sims position. Where this course is decided upon the oil is first introduced as already described, then by means of a colon tube large quantities of water are to be passed into the bowel, the only gauge to the quantity employed being the endurance of the patient. If the case be one of chronic diarrhea the water may take the form of slippery-elm tea, prepared from fresh slippery-elm bark, or cassia water, made by preparing a solution of gum arabic in water as thick as can be passed through a fountain syringe. To this may be added Pond's extract, or fluid extract of hydrastis, or pinus canadensis, in the proportion of a teaspoonful to a quart. In cases of constipation, if the water treatment be deemed advisable, the most satisfactory preparation will be a strong soapsuds solution containing a teaspoonful of salt to a quart of the soap solution.

In introducing the enema the outer extremity of the colon tube after it is entered a sufficient length should be wrapped with a towel so that in case the water should attempt to escape from the bowel it can be held in check by pressure against the anus, in this way securing the advantage of hydraulic pressure and forcing the enema beyond any obstruction that might prevent its reaching its proper destination.

The object of keeping the patient in the left Sims position is that the oil which will float upon the top of the water may be carried well into the cecum and ascending colon. All of the water and some of the oil will be very speedily expelled as soon as the colon tube is withdrawn, but much of the oil will remain, to be evacuated on the following day. In case the water does not come away it is readily absorbed by the system and passes from the body by way of the kidneys, the amount of urine being perceptibly increased, and in this way cleansing the urinary tract.

Three or four consecutive daily treatments of this kind, either of the oil or of the oil and water combined, as may be deemed advisable, will serve to loosen all incrustations of fecal matter along the entire extent of the colon, and furnishes a proper foundation for the subsequent attention to the sigmoid itself.

LOCAL MEDICATION.

The first step to be considered is the local application of drugs to the surface of the sigmoid. These may be applied either in solution, or by means of tampons. Perhaps the most satisfactory way of applying medicated solutions to the sigmoid is through what is known as Cole's sigmoid irrigator. This instrument is perhaps nine to twelve inches in length and presents a double curve, so formed as to render its introduction into the sigmoid a simple matter if one only bears in mind the natural curves of the rectum and sigmoid. One extremity of Cole's irrigator is shaped to enter the rubber tubing of a syringe, while the other resembles the perforated snout of a watering pot, being expanded and rounded at its extremity and supplied with numerous small holes thickly perforating its surface. As the tube is introduced into the bowel it is not at all uncommon to encounter sensitive spots in the intestine. At each of these places the introduction of the instrument should be delayed so as to permit a thorough douching of the spot before the tube is carried farther on. Sometimes the tube can be introduced before the contents of the fountain syringe are permitted to pass through it, but frequently it becomes lodged in the folds of the intestine and its complete entrance can be effected only by permitting the solution employed to enter the bowel and expand it so that the irrigating tube can reach its destination.

For irrigating purposes the water may be medicated as the judgment of the doctor determines. *Hydrastis canadensis*, *pinus canadensis*, extract of hamamelis, boracic acid, carbolic acid, weak solutions of bichloride of mercury, permanganate of potash, sulphate of copper, nitrate of silver, calendula, antiphlogistine, decoctions of slippery-elm bark, gum arabic, bovine, and other preparations too numerous to mention may be employed as they seem to be indicated.

The bowel catheter may be employed to drain away the injected material in case it is not desirable that it be long retained.

TAMPONS.

These may be employed as vehicles for medication of the sigmoid, either through the Kelly sigmoidoscope or through the blades of the Pratt sigmoid speculum. They are most satisfactory if constructed of surgeon's wool or tow, as cotton tends to pack when moistened, whereas the elasticity of the others serves to expand the lumen of the intestine, thus bringing the medicine in contact with every part, at the same time stimulating peristaltic action. Tampons may be constructed either round like a ball, or oblong. In cases which are so irritable that their tolerance is uncomfortable it is well to append a string to them so that they can be removed at any time according to the necessities of the patient. Where

their presence causes no discomfort there is little use of the string as they will be expelled upon evacuation of the bowels and their prolonged retention affords ample opportunity for the thorough absorption of whatever drug they are medicated with. Any drug whose action is desired may be employed to saturate the tampons before their introduction. The following prescription obtained from Dr. Barnard has been found very serviceable in sigmoidal troubles accompanied by constipation:

Oil eucalyptus,	5iv.
Hamamelis,	} aa 5iv.
Glycerine,	

Where there are profuse mucous discharges from the sigmoid balsam of Peru has done good service, thoroughly saturating the tampon with the balsam before its introduction. But solutions of bovine, nitrate of silver, or sulphate of copper, carbolic acid, bichloride of mercury, or pinus canadensis, or any other desired drug or ointments of any kind can be applied to the sigmoid by the aid of tampons medicated with the selected drug as may be desired.

Method of introduction: Of the numerous instruments invented for entering the lower part of the sigmoid and the rectal passage to it, perhaps the two which are most practical are what are known as Kelly's sigmoidoscope and Pratt's sigmoidal speculum. If the sigmoidoscope is selected the patient had better be put in the knee-chest position so that the action of gravity upon the intestine may serve to straighten the sigmoid as much as possible. The following is a cut of the instru-



Kelly's Sigmoidoscope.

ment. It is to be entered at the anus with its plunger held firmly in position by the thumb of the operator while his fingers clasp the handle. By carefully guiding the instrument in the direction of the least resistance the sigmoid can be safely entered, after which the plunger is to be removed. The medicated tampon can then be carried through the instrument into the sigmoid and held there by a long, straight applicator or by a straight sigmoidal forceps, by means of which the tampon can be pushed beyond the end of the instrument until it is seized by the intestine with sufficient grip to retain it in position while the sigmoidoscope is being removed.

In employing the Pratt sigmoidal speculum, of which the following is a cut, the best position for the patient is what is known as the lithotomy position, the patient being placed upon the back, the buttocks drawn



Sigmoidal Speculum.

close to the end of the table and the thighs flexed well upon the abdomen. As the instrument has but one curve it is first to be introduced with the curve backward until its extremity impinges upon the sacrum, when the handles are to be turned toward the left side of the patient; the rounded end of the speculum will then slip past the curve of the intestine, which separates the rectum from the sigmoid and enter readily into the lumen of the sigmoid. The tampon can now be seized with curved sigmoidal forceps, of which the following is a cut, and while the operator



Si ceps.

is holding the blades of the speculum apart and thus distending the intestine with one hand by the aid of the other the tampon can be entered, passed into the sigmoid, and retained there by the forceps, while the speculum is being withdrawn, after which the forceps can be opened so as to loosen their grip upon the tampon, and then removed, care being taken not to close them until their exit from the bowel is effected.

The sigmoidal treatments employed through either the Kelly sigmoidoscope or the Pratt sigmoidal speculum should be painless if the operator is sufficiently careful in his manipulation of the instrument.

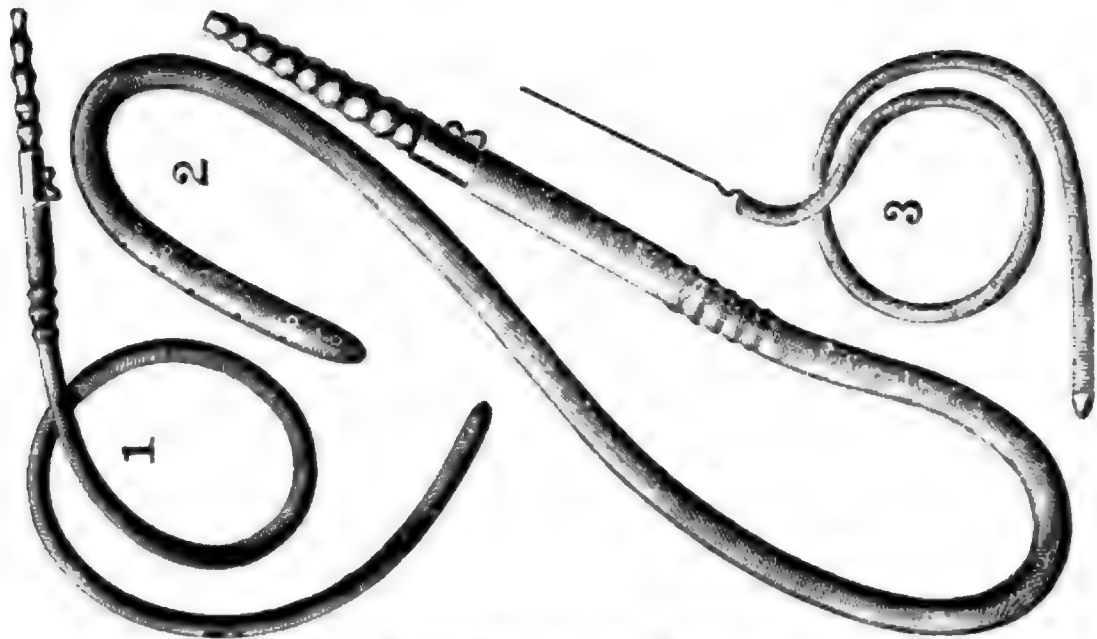
TIME.

Aggravated cases of sigmoidal difficulty may require treatment as often as twice a day, but for the great majority of sigmoidal sufferers

tampon treatment need not be employed oftener than twice a week. It may be office work, as the treatment is not severe and the presence of the medicated tampon should not be a source of distress to the patient.

LOCAL FEEDING.

Local feeding is good for varicocele ulcers, it is good for pus sinuses and cavities, it is good for gangrene, it is good for sexual enervation, it is good for catarrh of the vagina and catarrh of the bladder, it is equally good for catarrh of the sigmoid and should not be overlooked in enumerating effective measures for the cure of sigmoidal catarrh. It can be introduced into the sigmoid by means of Cole's irrigator, or upon tampons in the manner described for conveying other medicines to the part. Mild and beef tea, and many other forms of liquid nourishment may give satisfactory service, but the list of liquid diets for sigmoidal feeding is well headed by bovine.



Hydro-Electric Rectal Tube.

ELECTRICITY.

The employment of this agent is especially called for in disordered peristaltic rhythm, being equally useful in the treatment of chronic diarrhea and of constipation. Electricity also aids in the absorption of drugs, and may be employed to advantage after sigmoidal medication either by injection or tampon, where increased drug action is desired. It is more serviceable in anesthetic than hyperesthetic cases. It may be applied by means of the ordinary sigmoid electrodes, but its best service is obtained by the aid of a new invention by Dr. Johnson. The instrument is called the hydro-electric rectal tube. The above is a cut of the instrument. It consists of a large rubber tube about two feet in

length, perforated at its rounded extremity by numerous holes, and containing throughout its entire length an elastic coil of steel wire. At the other extremity of the tube this wire projects and enters an electrode, over which the tube is slipped. The electrode is so constructed that its attachment is effected on the side, and over the extremity can be slipped the rubber tubing of a fountain syringe. It is desirable to fill the syringe with a strong salt solution, as the addition of salt to the water makes it a better medium for the transmission of electrical currents. The perforated end of the tube is to be entered into the bowel for three or four inches, and then the water is to be turned on. As the gut expands the tube can be entered further and further until in many cases it can be passed well up into the transverse colon. A large abdominal electrode is employed to complete the circuit. The advantages of this instrument are that the internal electrode does not come in contact with any single spot of the colon, but is distributed over the entire area of the intestine which comes in contact with the injected solution of salt water. This enables the patient to stand a stronger current of electricity than could otherwise be borne and at the same time secures the advantage of distension of the intestine, thus favoring peristaltic action and being especially serviceable in cases of chronic constipation. The salt water may be left in the intestine, or evacuated through the tube after the removal of the syringe, as desired. Electrical treatments should not be given oftener than twice a week.

The doctor who treats sigmoidal troubles successfully must not forget the importance in sluggish cases of stimulating by every possible means the sympathetic nerve to activity. This will suggest a variety of measures, such as the occasional use of steel sounds, alternations of heat and cold, of dry heat to a temperature of three or four hundred degrees, and the needle bath and massage to the sexual organs, as may be deemed necessary.

MASSAGE.

This may be employed to arouse the solar plexus to increased activity, increase peristaltic action, and to stimulate the discharge of increased quantities of bile into the intestine. For this purpose it should be employed in the first place over the solar plexus and in the region of the spine on the sides of the bodies of the lumbar vertebræ over the location of the lumbar ganglia of the sympathetic, as well as along the sigmoid in the direction of peristaltic movement in cases of constipation, and the reverse in cases of diarrhea. Massage is most effective if practiced while a large enema is being retained.

OSTEOPATHY.

Osteopaths for the cure of constipation not only employ intermittent pressure upon the solar plexus, in the right hypochondriac region, and along the lumbar sympathetic ganglia, but place much reliance upon the manipulation of the spine and giving attention to the muscular contractions encountered in the intercostal muscles between the fifth and eighth ribs. While for diarrhea the treatment preferred is in addition to the general spinal manipulation a thorough bending backward of the patient, while in a sitting posture, across the bended knee of the operator, while it is placed in the small of the back and just below.

SUGGESTIVE THERAPEUTICS.

There is no part of the human economy so susceptible to mental influences as the intestines, and many of the disorders of the intestinal tract, including of course the sigmoid, are not only induced but may be rendered chronic by abnormal mental and emotional states. The condition which is most mischievous in its effect upon intestinal conditions is that of fear, including suspicion, avariciousness, and other forms of its expression. The correction of this disordered state, which can frequently be accomplished by mere suggestion, is curative and should be employed if possible. If there is any practical efficacy whatever in suggestive therapeutics it has no happier domain of operation than the intestinal tract.

RECTAL DILATATION.

Rectal dilatation is a universal stimulant to capillary circulation. Its influence reaches all parts of the body and should not be lost sight of in sigmoidal armamentaria. When tampon treatments are employed the dilatation secured by the use of either the Kelly sigmoidoscope or the Pratt sigmoidal speculum will be sufficient to supplant all other means of rectal dilatation. But in cases where these instruments are not made use of the careful employment of the bivalve speculum or some form of rectal plugs employed not longer than half an hour at bedtime and not oftener than twice a week will be found to be valuable stimulants to reactive power and effectively supplement any other treatment whatever that may be employed. Their application should never be extremely painful, as the object to be accomplished is nerve stimulation and not nerve shock.

Other valuable suggestions for the cure of sigmoidal catarrh could readily be added to those already enumerated, but the list of remedial measures furnished in the present article is already a long one and out of it it will be found quite possible to make a selection of some form of

treatment that will be ample for the successful handling of any ordinary case, however severe, of sigmoidal catarrh.

The subject of internal medication is studiously avoided, with no intention to underestimate its value or to deny it the recognition which its good service has so well earned for it, but simply with the idea that upon this subject the readers of the Journal are already sufficiently well informed.

E. H. PRATT.

HYDRO-THERAPEUTICS.*

REBECCA W. ROGERS, M.D.

INDIANAPOLIS, IND.

The use of water as a therapeutic agent has received such a remarkable impetus during the last few years, as to warrant careful and intelligent investigation by every modern physician.

While hydro-therapy is no new thing, for it has had its advocates at different times since the days of Hippocrates, yet it is within the memory of many present when the use of water externally or internally was discredited and denounced by both the homeopathic and allopathic schools of medicine.

Fever patients died by the thousands, with a cry upon their lips for that life giving fluid which would not only have quenched their thirst, but, properly applied, would have put out the raging fires of disease within.

But the world moves, and the medical treatment of the sick has also advanced along simpler, more hygienic and more scientific principles.

The professional world is today beginning to realize that plants and minerals are not the only agents given us by God to meet and combat that arch enemy—disease—and we certainly would be remiss in our duty as physicians if we failed to make intelligent use of such a valuable ally as water.

When we consider that water constitutes about 70 per cent of the entire body weight, and that the elasticity of the muscles, cartilages, tendons and bones is in great part due to the water which they contain, its importance in the system cannot be overestimated.

That we may more clearly appreciate the systematic need of water, and why it is such a valuable remedy in the treatment of disease, I beg leave to give Thompson's summary of the uses of water in the body.

"1. It enters into the chemical composition of all the tissues.

"2. It forms the chief ingredient of all the fluids of the body and maintains their proper degree of dilution.

* Read before the Marion County Homeopathic Medical Society, Indianapolis, Ind.

"3. By moistening various surfaces of the body, such as the mucus and serous membranes, it prevents friction, and the uncomfortable symptoms resulting from their dryness.

"4. It furnishes in the blood and lymph a medicine by which food may be taken to remote parts of the body and the waste matter removed, thus promoting rapid tissue change.

"5. It serves as a distributor of body heat.

"6. It regulates the body temperature by the physical process of absorption and evaporation."

With these facts clearly in mind and remembering that all protoplasm activity in cells ceases at once if they become dry, it is an easy matter to understand *why* water acts in such a rapidly curative manner in many diseases.

Today the importance of water in the treatment of *fevers* is generally admitted, and yet its use is not universal, because of deficient knowledge or lack of facilities for its proper application.

The well equipped hospitals of both Europe and America are treating typhoid fever with great success by the Brand system, which has reduced the mortality of this disease to 7 per cent or less, when it is correctly carried out as at Johns Hopkins Hospital, University of Pennsylvania Hospital and others. The mortality is said to be even less in European hospitals, while Brand himself claims a mortality of but 1 per cent.

His method, as is well known, consists in gently lifting the patient into a bath tub, well filled with water at a temperature of 70 degrees F., the head resting upon an air cushion or platform. During the bath the patient is vigorously rubbed by the nurse and encouraged to rub himself if possible. The head is sponged with ice water from time to time, or an ice water compress is kept constantly applied to head.

At the end of fifteen minutes the patient is removed from the bath and rubbed dry.

After the shivering ceases, the temperature is taken, but not again for three hours. If then it should be 102.2 or above, the bath is repeated, and subsequently whenever the temperature reaches 102.2 there is a repetition of the bath provided three hours have elapsed since last one taken.

Tyson claims that the effect of the bath upon the temperature varies with the stage of the disease, it being frequently the case throughout the first week that it is reduced less than one degree, while toward the end of the second and in the third week, a fall of two or more degrees is quite usual.

In addition to the lowered temperature, the immediate effect of the bath is to add strength to the heart and volume to the pulse.

In private practice the difficulties attending the vigorous Brand method are often quite unsurmountable, the portable tubs for the purpose not always being obtainable or the nurse not being competent or strong enough for the task, but there are other methods of obtaining the beneficial action of water in these cases, which can be easily used, under proper direction, and which will, I believe, give equally good results, if faithfully carried out.

Frequently repeated sponging of the body, from head to foot for fifteen or twenty minutes at a time, or until the temperature falls, is most efficient, if it be kept in mind that as each part is sponged the film of water left on the skin should not be wiped, but left to evaporate, as it is not the temperature of the water so much as its evaporation which cools the body.

A method easier of application and, in my judgment, more effective even than the sponging, consists in enveloping the patient's body, from axilla to hips, in a compress wrung out of tepid water and well covered with flannel to protect clothes and bedding. This compress should be removed as often as once an hour until temperature falls to the neighborhood of 102 degrees, when it is well to wait two, three or even four hours, according to whether the temperature shows a disposition to rise again or not.

A recent case in my own practice will serve to illustrate results with the continuous wet compress:

On the evening of October 22, was called to James W. P., a bright precocious boy of two years and three months, who had been ailing for two or three days, with fever, loss of appetite and a sluggish, apathetic mental condition quite different from his usual vivacious manner. Temperature range next day was 103 in the morning, 104.6 in the evening, with pronounced and continuous stupor.

Temperature range and stupor the same on the following day, with abdominal distention, gurgling in the right iliac region and diarrhea. Remedies used from the beginning had been first gelsemium tincture, followed by arsenicum, 3x. Family were becoming greatly alarmed and I suggested counsel, asking for Dr. O. S. Runnels, who came, pronounced it a well defined case of typhoid fever and kindly approved of remedies and measures used—with the suggestion of using bryonia and arsenicum alternately, which was tried for forty hours with no change in temperature range or general condition of patient.

I had urged frequent sponging of the patient, but the family being skeptical of results had not followed instructions carefully. However, on the fifth day, seeing no results from medicine, they gave a willing consent for me to use water in a thorough manner. So at noon of the fifth day, I applied a cool compress over the anterior surface of the

trunk, from axilla well down over hips, and covered with three layers of flannel to protect clothing. Ordered compress changed every hour until evening.

At 6 p. m. found temperature 103 degrees, which was one-half degree lower than at noon, and one and one-half degrees lower than any evening since temperature had been taken.

Ordered compress changed once in two hours during night and found temperature 102 degrees the next morning, 103 degrees in the evening. That night the compress was changed but twice and temperature rose to 103 degrees in the morning again, but after being renewed once an hour during the day it had fallen to 102.4 by night.

From that time on there was no stupor and a gradual decrease in temperature until the normal point was reached at end of second week, as indicated by following chart :

	A. M.	P. M.
October 29	100.6	101.8
October 30	100.4	101.8
October 31	100.2	102.
November 1	99.8	102.
November 2	99.6	100.8
November 3	99.8	100.
November 4	99.	99.6
November 5	98.6	98.6

This record indicates the immediate effect of the continuous application of water over the diseased area, and shows that when the frequent renewal of the compress was neglected, there was a slight elevation of temperature which each time was quickly controlled by a frequent application of water.

The eruption on abdomen appeared on the eighth day, but there was no diarrhea or any other unfavorable symptom after the inauguration of the water treatment.

Convalescence uninterrupted except for a slight elevation of temperature two days in the fourth week due to indiscretion in diet.

Arsenium 3x was the principal internal remedy given at infrequent intervals. Patient was allowed large quantities of water to drink, while grape juice, milk plain or with the beaten white of egg, were the articles of diet permitted.

Various other intestinal diseases are rapidly modified and relieved by the appropriate use of water.

I know of no remedy, not even mer. cor. in any potency, which gives such immediate relief from the nagging tenesmus accompanying dysentery, as the hot enema. To be rapidly effective, however, the water should be as hot as patient can tolerate, not less than a pint of which should be given after each stool.

The soothing and contracting effect of the heat upon the engorged blood vessel of the rectum is immediate and can be further enhanced at times by medicating the enema, with such agents as witch hazel, listerine, boro-lyptol, etc.

In cholera morbus and cholera infantum, a copious enema of hot salt water not only relieves the pain, but helps to restore the lost fluid of the body, and re-establish the lowered arterial tension.

This adjuvant was used to great advantage in one of the most severe cases of cholera morbus I have ever witnessed, so severe, indeed, as to simulate cholera. The abdominal pain and watery diarrhea being accompanied by muscular spasms and complete unconsciousness during and after each stool. The prostration was extreme and the pulse so feeble and thready as to indicate a serious outcome if speedy relief was not obtained.

Cup. ars. 3x in hot water delayed the paroxysm for almost an hour, but while the stool was not copious, the muscular cramps, fainting and cold sweat were all pronounced, and the patient was almost pulseless. After this paroxysm gave a copious hot salt enema which was largely retained and followed by great relief from the abdominal pain, and decided increase in the volume of the pulse.

Only one other choleraic stool and paroxysm of pain followed, the patient rapidly regaining strength under ars. 3x, being able to walk about the house on the day but one following the attack which had been in progress about ten hours before I was called.

In that widespread disorder constipation, which is so common as not to be considered a disease by a large majority, I am satisfied that permanently beneficial results can be and are obtained from copious drafts of water taken regularly.

Drinking too little water is one of the commonest dietetic errors and on close questioning one usually finds sufferers from constipation take but little water into the system except as they get it in their different food stuffs. The system requires from three to four pints of water daily, and one of the simplest and most efficient means of relieving constipation is drinking a glass or two of either hot or cold water just before retiring and before breakfast in the morning.

The taking of much water into the stomach by its mechanical pressure alone excites peristalsis.

"The water moreover is quickly absorbed and temporarily increases the fullness of the blood vessels. This promotes intestinal secretion and peristalsis, which explains the activity of the lower bowel rather than the idea that the water itself reaches the colon and washes out its contents."

The usefulness of the ordinary enema or the colon flushing for the

immediate relief of simple constipation, impacted or obstructed bowels, is so generally recognized as to warrant only a passing mention, but I believe the continued dependence upon enemas in cases of ordinary constipation to be harmful, as sluggish peristalsis is only increased by the daily resort to either injections or laxatives.

The medical gynecologist would get along poorly indeed without the depletive and sedative action of copious hot water douches in the various forms of pelvic trouble which haunt his office doors from week to week and month to month. And yet even in these cases I have been surprised to find that the difference in effect between small amounts and large amounts of hot water had not been recognized and insisted upon by the previous medical caretakers of these sufferers. The difference between the primary and secondary actions of heat must ever be kept in mind if satisfactory results are obtained from the use of hot water as a therapeutic agent.

Hot water applied to a congested tissue for a few moments only simply dilates the blood vessels and increases engorgement, but continually applied, until the secondary effect of contraction is obtained, yields results gratifying alike to both patient and physician.

The reduction of enlarged glandular organs, such as the liver and spleen, is many times accomplished with surprising celerity by the application of steaming hot compresses for 30 to 60 minutes, followed by the cold bandage worn all night. This routine repeated for several nights in succession, is followed by a remarkable reduction in size of the enlarged organs provided such enlargement be not due to malignancy.

Indeed, there are few abnormal conditions demanding medical care which cannot be palliated if not entirely relieved by the judicious and intelligent use of water, and so convinced am I of its universal efficacy that were I to be limited to one therapeutic agent I should unhesitatingly choose that natural regulator of body temperature and solvent of effete and waste matter—*water*.

SURGICAL ANESTHESIA.

T. E. COSTAIN, M.D.

CHICAGO.

So much has been written on this subject in the journals and textbooks of practical value that it is difficult to present anything entirely new. Let us hope that we may be able to present a few practical suggestions at least in a new way and that they may be helpful to some. Experiments have been helpful, but, after all, clinical experience has been of the most practical value. The question of safety to the patient

should always be the first consideration; unfortunately this is in a great many instances regulated by the habit of the surgeon or anesthetist of using one drug and in the same way on all occasions. Their familiarity with that agent leads them away from the individuality of the patient, and there is a proneness to omit making the careful examination of the individual that should be demanded. Admitting that the constant use of one agent makes that the safest in their hands as a rule, the action of the various agents on the body should always be considered. The safety for the moment should not be entirely paramount to the destructive processes of some of the organs which may follow. The action of ether on the liver and kidneys is forgotten for the moment, because of its well known safety in other respects. The surgeon who uses ether on all occasions will tell you that it is always safe and contains none of the dangerous elements of chloroform. True, but he forgets that in a case of deranged kidney or liver it will just as surely take that life later, even though it is a much slower death. On the other hand, the surgeon using chloroform constantly will tell you that he never uses anything else and pays no attention to the heart's action at all. Unfortunately the lack of practical knowledge given the average student requires him to work out his own experience and the successful use of one agent makes him loath to try any other.

Each individual case should be thoroughly examined and if pathological conditions are found they should be considered as carefully as in prescribing drugs for their relief.

A conscientious anesthetist should consider the elements of danger in all the various agents and each human being placed in his hands a sacred responsibility in every individual case. There is an element of danger in all of them which should never be overlooked and the most constant watchfulness and care should be given to each case. It is the duty of the anesthetist to know nothing of the surroundings, to talk with no one and be conscientious in concentrating his attention to the work in hand, and in this way only will that element be lacking. Chloroform and ether, or a mixture of both, produce a poison in the circulation and if unfavorable results show themselves pending, no time should be lost in stopping their administration, because it requires some time to remove that poison, and no more should be administered until you are satisfied it is partially or wholly eliminated.

The text-books, as a rule, fail to give the many little details which are the guide of the experienced anesthetist; the color of the skin, the warmth or coldness of the face, the color of the sclerotic coat of the eye, and the different degrees of respiration can only be understood thoroughly by careful observation and experience.

Sex, too, offers an opportunity for careful thought with the records

before us of many more men dying from its use than women ; alcoholism and spinal cord affections are the principal reasons for this, and the utmost caution must be employed in these cases not to force the anesthetic too much in the struggling stage (this stage in these cases is invariably present). It is much better to take time and anesthetize rather than asphyxiate by overcrowding.

Temperament, too, merits consideration in this connection ; people with high strung nervous temperaments do not take it kindly or remain as perfectly under control as the placid patient, and in consequence, reflex phenomena are more readily observed.

Note should be made beforehand of the respiration, for irregularities in breathing and to what due, growths or obstructions of any kind, inflammation or foreign bodies, dyspnea, etc.

Acute pleural effusion offers an element of grave danger ; patient should be placed on sound side.

Emphysema or asthma does not stand chloroform well.

Pulse. High pulse rate in emotional subjects offers no objection. Atheroma and aneurism enhance danger somewhat.

Intermittent or irregular heart of itself means little, unless accompanied by weak heart muscle.

Pupil.—Contracted pupil indicates nothing unusual as a rule. Dilated pupil on the other hand may mean much unless due to atropine or belladonna.

The anesthetist should be acquainted with all the various phenomena likely to occur, and their import, and be ready at all times for any accident or complication which may appear, to know the meaning quickly and have every agent known for relief within his reach. In this way the death rate will be materially reduced.

ECZEMA.

F. E. YOUNG, M.D.

CANTON, O.

That skin diseases can be quickly and effectually cured by orificial treatment, if we but recognize its underlying principles and far-reaching results, is beautifully shown by the rapid and complete recovery of the following desperate case of eczema :

January 20, 1896, was called to see M. M., 38 years old, German ; married, foreman in a factory. Family history good, health good up to four years before. No venereal or scrofulous taint. Disease began on his hands and extended to the arms. Then the feet became affected, then the legs and finally the body ; none on the head or face. He was

sitting in a chair, the floor littered and cuspidor filled with crusts or scales that had just been detached, the hands and feet raw and sore with spots and blotches all over arms, legs and body. They were all circular in



form, of all sizes up to three inches in diameter. He could not walk or use his hands and was quite helpless for a year. He lost all his nails four or five times. They did not grow out to the end of fingers or toes but piled up in thick transverse ridges, were soft and spongy, would easily bleed, finally loosen and fall off. On the body and limbs a bright

red circular spot would appear, next day would be brown, the edges dry and begin to loosen, coming off on the third or fourth day.

About a quart of such scales was shed daily. The itching, burning and distress were described as being awful, preventing sleep and wearing him out; he wished to die. It had left deep imprint of distress on the countenance. Somehow they had got the impression that my treatment was "kill or cure" (perhaps principally the former), and as the entire family would sooner have him dead than living in such torture, I got the case.

He said the bowels were regular, never had any piles nor urinary trouble. I diagnosed eczema squamosum, due to orificial irritation, without making any orificial examination. Was I justified in this? Let us see.

In seeking the cause of a disease we must reverse the old aphorism which says "reason from cause to effect." We are called to treat effects. Here the effects were very evident and we must look by the eye of experience through the objective symptoms and history of the case and reason from the effects that are apparent, what can cause such a condition.

In doing so here and reasoning by exclusion and in the light of the orificial philosophy there could be no other tangible view of the case than orificial irritation, disturbing the sympathetic, caused congestion and malnutrition of the skin. The removal of the irritation followed by the recovery proves the correctness of this view of the case. He was brought to my private hospital and anesthetized. Performed circumcision, enlarged the meatus, cut the frenum, passed sounds and the American operation was done. The hands, arms, feet and legs were dressed daily in antiphlogistine and cotton. This gave great relief and comfort. Immediate improvement was noted. His condition was so much improved that in one month he walked home and carried his satchel. Two weeks later he resumed his position, and since then (now nearly two years) has never been sick a day or had any appearance of his old trouble. The nails have grown hard and natural and skin healthy. At a meeting of a certain medical club it was told, laughingly, that I had "operated on that eczema case." When I was told of it, I replied, "He that laughs last laughs longest." It is now my turn, and I would laugh if it were not so serious a matter. To see a set of men wrap themselves up in their little cloak of "code" ready to cry "quack" at any one who happens to know something they don't, while sickness, suffering and death stalks among their patrons undismayed by their little prescriptions, and prevent the grand truth of orificial philosophy permeating to their gray matter, is truly a sad sight.

THE PROSTATE.

C. S. ELDRIDGE, M.D.

CHICAGO.

The prostate is so situated and constructed as to endow it with capacity for aiding in the performance of more functions than the average organ. Lying between the penis and the bladder with the anterior rectal wall in such close proximity behind it, and on the sides such tissues between it and the ischial tuberosities as are prone to take on pathological processes shows an anatomical environment, often the seat of disease, and therefore often requiring treatment. The prostate is a musculo-glandular organ, so constructed as to make it an ideal bed in which to lay such a water-course as the urethra. The latter, the bladder's indispensable conduit, is at all times shielded from injury during reasonably conceived athletic exercise of the body. Sphincteric action of the prostate helps maintain vesical continence, it being a component part of the sphincter vesicæ. A further function of the prostate consists in its capacity through ejaculatory power to force the prostatic and seminal fluids along the canal and by ingenious adjustment prevent their backward flow into the bladder. The prostate is enveloped in a fibrous tunic derived from the rectovesical segment of pelvic fascia. Principally unstriped muscular tissue represents about three-fourths of the make up of the prostate and is continuous above, with the vesical sphincter forming in the upper third of the organ a sort of ferrule of great firmness as any surgeon by digital touch should easily discern. As it is situated above the ejaculatory orifices it prohibits a backward flow of seminal fluids in the reproductive canal. In the posterior and lateral parts of the prostate are glands of the tubular variety, their ducts opening into the urethra close alongside the verumontanum. These glands are frequently the seat of inflammatory processes, which often create sequelæ more annoying than serious, yet considered of great portent by patients, probably owing to the fact of something being amiss with the reproductive sphere. The prostatic urethra is lined with epithelium of the laminated variety, and here are often located the lesion associated with urethral discharges which are so often persistent and perplexing to the average practitioner. The opinion most in evidence now is that micro-organisms become imbedded below the presenting surface of the urethral mucous membrane which makes the ordinary methods of treatment unsuccessful, hence the onslaught by genito-urinary surgeons upon the deep urethra with dilating instruments and voluminous irrigations covering a wide range of bactericidal solutions to reach the prostatic colonies of micro-organisms.

The nerves of the prostate are derived from the hypogastric plexus and its vascular supply from adjacent vesical and hemorrhoidal vessels, hence the influence constipation would have in augmenting congestions of the prostate. The lymphatics of the prostate lead to the pelvic glands. The alteration of the prostate in the matter of size is far from being as much confined to the senile period as is generally supposed. Scarcely an organ in the body is more amenable to mental impulses, more affected by mental depressions and paroxysms of anger than the prostate. It is a buffer too highly organized in its nerve distribution to indifferently withstand the bombardment of life's battles and the many outrageous sexual shocks to which many of its uninformed and unthinking possessors subject it. It suffers much from the revulsions and perversions due to a lack of that knowledge which is indispensable to the maintenance of a well-ordered sexual hygiene. The combined evil effects of sexual abuse are far greater than those resulting from self-abuse. In the onanist's case it is that of auto-infliction; in the other it may concern an innocent helpmeet, nay, more, an unfortunate progeny. In proctitis, acute or chronic, the prostate is an enforced bedfellow sympathetically influenced to its detriment and great discomfort. A urethritis, specific or non-specific, often transfers its most violent and distressing symptoms to the prostate, creating many times a metastasis of greater import than the idiopathic trouble. Usually so soon as there shall have been a mitigation or total subsidence of the metastasis there reappears the original difficulty with all its former characteristics. In metastasis from the urethra to epididymis or the glandular structure of the testicle itself, the transfer is not usually made without more or less detriment to the prostate. On the ground of contiguity, nerve distribution, vascular supply, and the construction of the lymphatic department of the dependent genitalia these phenomena observed are not to be wondered at. If the prostate resents the shocks and abuses of ill advised sexual indulgences, it resents with far greater emphasis the many heroic measures employed for its relief. Mild suppositories per rectum, the gentle massage or stripping accomplished by digital manipulation through the same channel produce highly pleasing results by reducing the size of the organ and abating many times exceedingly sensitive and painful states of the same.

During the past year I have treated a large number of men, as many of them below forty years of age as beyond that period, for congested and hypertrophied prostates, using massage and the milking of the prostate with amazingly pleasing results. In some cases of tumefaction and tenderness nothing beyond massage and the use of iodide of barium were used, while in other cases of enlarged prostate non-senile, associated with partial or complete impotence, the interrupted electric current

was employed, together with massage and milking of the prostate. The results have far exceeded in efficacy anything I had thought possible.

A prostate which at first is only passively congested will usually readily yield to the passage of hot and cold sounds, introduced with dextrous gentleness once or twice a week. This not meeting the requirements, supplement or alternate with it massage and an emptying of the glands and ducts by the stripping mentioned, which is done with the patient in either the lithotomy position or on the side. Hypertrophied prostates do not become so hurriedly, hence ample time is given, at its outset as in the early stages of development to put an estopper upon its being further increased in its grandular, muscular or circulatory structures.

To be deprived of the use of massage and the stripping treatment for tender, engorged and hypertrophied prostates would take from me measures I cannot now see how substitutes could adequately replace.

CATHETERS AND CYSTITIS.

R. N. MAYFIELD, M.D.*

NEW YORK.

It is well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereunto—it does not work readily or satisfactorily, or subserve fully the results expected from it.

Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to surround or lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again, when sediment or calcareous matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to fully perform its functions. Such failures are especially apt to happen in nearly, if not quite, all forms of chronic diseases of the bladder, and notably so in cystitis.

My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.

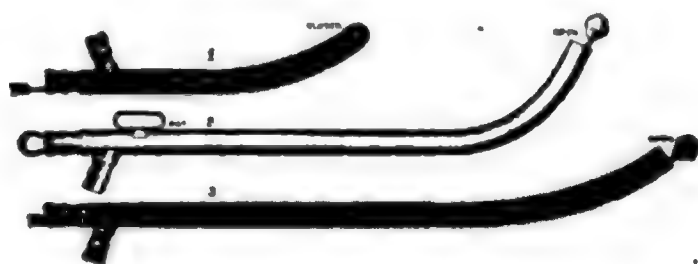
This catheter is of very simple construction, being tubular, with the

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curve of an ordinary instrument, and opened at the end for an inlet. For the closure of this open end, and for the easy insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid, and attached to one end of a wire, passing through the body or tube and projecting at its rear or outlet end.

This construction forms a very efficient catheter, having an area of opening so large as to greatly obviate the danger of clogging, for, if mucus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using nitrate of silver, iodine, corrosive sublimate, carbolic acid, or hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neu-



tralized, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case, with ropy, viscid, and tenacious mucus, the membrane thickened and possibly ulcerated, and in deep folds—"ribbed," as it were—we begin the treatment as follows:

1. Inject a quarter of a grain of cocaine dissolved in a drachm of water into the membranous portion of the urethra.

2. Anoint the largest hard-rubber catheter that can be well passed into the bladder, and increase the size one number each week until the urethra is normal in size.

3. Begin with dilute hydrogen solutions—preferably hydrozone—one part to twenty of lukewarm water, using this solution freely, especially when employing the large size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.

4. Partly fill the bladder with the following solution: Tincture of iodine compound, two drachms; chlorate of potassium, half a drachm; chloride of sodium, two drachms; warm water, eight ounces. Let it

remain a minute or so and then remove. This treatment should be used once or twice a day.

Where I suspect extensive ulceration I recommend once a week the use of from ten to twenty grains of nitrate of silver to the ounce, and neutralize with chloride-of-sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, foetid mucus, or sacculated calcareous deposits like hydrogen.

A TREATMENT TO BE THOUGHT OF IN CONSUMPTION.

CHARLES C. CURTIS, M.D.

REDLANDS, CAL.

When disease cannot be wholly cured by one method or medicine, as true physicians we look about us with a hope to discover some means by which to restore our patient to health. We have found many times in orificial surgery the goal for which we were seeking and by its practical application have seen many of our patients restored to health. This has given us great satisfaction and made us feel that he who brought this method of curing disease to the attention of the profession and taught its grand principles is worthy of all praise. And yet with our quiver most filled with arrows, there is one disease we have not at all times been able to cope with. Orificial surgery has improved the circulation, removed disease which was causing nerve waste, has bettered nutrition and started the patient on his way up the ladder of health. With renewed heart and hope he feels that once more he is going to enjoy life. But in some of these cases the key note has not yet been struck. Consumption is among the diseases which in many cases even orificial surgery has failed to cure. There are many physicians in this land of ours to-day who are in pursuit of a means which can be applied to help the thousands who are dying of consumption every year. We have investigated the different treatments which have been brought to our attention and have found that very indifferent success has attended the application of most of them. Now that it has been demonstrated with the microscope that a bacillus is the disturbing cause in the lungs of consumptive patients, and so long as it is allowed to live there the disease will increase, therefore, it seems to me that to apply such means as will destroy the bacillus and not injure the patient commends itself as a means worthy of being employed. To apply the medicine where the disease is seems to be most rational. The latest method to which I have given attention is the inhalation of an antiseptic germicidal

vapor. The sleeping apartment of the patient is kept constantly filled with this atomized medicament along with pure air, so that the diseased lungs are bathed with the medicine all night. In this way the bacillus may be destroyed and when this is accomplished the diseased lungs will begin to take on health. Caution must always be exercised in the selection of our antiseptic germicidal remedies so as to employ only such as will not in the least impair digestion and at the same time will increase assimilation. With the bacillus destroyed and assimilation increased the patient soon becomes better nourished. Disease yields to health and the patient will rejoice in the new lease of life that has been given him by means of the inhalation of antiseptic germicidal medication. Among the medicines which may be employed in this treatment are oil of eucalyptus, ichthyol, oil of tar, carbolic acid, pine tar, permanganate of potash and thymol.

SEROUS CAVITIES.

BYRON ROBINSON, B.S., M.D.*

CHICAGO.

Serous cavities or spaces are situated in various parts of the body. They have a similar function and structure and are liable to similar diseases. The chief serous cavities as the pleura and peritoneum arise from the mesoderm. The space between the ectoderm and entoderm was one alike filled by mesoderm and it atrophied, having the abdominal viscera projecting freely into the peritoneal cavity.

The abdomen of the carp (*cyprinus carpio*) and the remora are excellent examples of to-day, where the whole peritoneal cavity is filled with fine white connective tissue intra-peritoneal bands. Such fish have no proper mesenteries to their tractus intestinalis which lies buried in mesodermic tissue. The serous cavities in the order of their size are (a) the peritoneum, (b) the pleura, (c) the arachnoid, (d) the pericardium, (e) the joints. Embryologic or natural development shows that serous cavities are all secondary acquisitions. We see in the progressive growths of the embryo that the peritoneal or serous cavity arose from the mesoderm or middle germ layer. Small clefts or spaces arise in the lateral portions of the developing embryo, and these spaces finally coalesce, forming a more or less differential cavity as regards size and form.

Thus by changes in the mesoderm the peritoneal sac results.

The modifications of the middle germ layer are: Cleavage, evagina-

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tion, folding and coalescence, which lead finally to the structure faced with shining endothelium and backed with beds of areolar tissue—the serous cavity of the abdomen. From invisible clefts in the mesoderm filled with lymph this sac increases until it comes to have about an equal surface with the skin, and will, in the adult, absorb 10 per cent of the body in one-half hour.

This important membrane is finally intimately and inseparably connected anatomically and physiologically with the three great apparatuses—the digestive tract, the genitals, and the urinary organs.

The peritoneum sooner or later becomes lined by a distinct layer of flat, nucleated endothelial cells. Application of $\frac{1}{4}\%$ solution of Ag NO_3 to the peritoneal surface in sunlight brings to view polygonal nucleated cells, with stomata vera, which are lined by granular, cuboidal cells. Stomata vera are located at the junction of several endothelial cells. Also stomata spuria located in the inter-endothelial spaces, which appear exactly like railway tracks. Through these stomata (mouths) and inter-endothelial spaces pass and repass fluids.

The primitive clefts or spaces in the mesoderm are filled with fluid, which resembles lymph, and to all intents and purposes the peritoneal serous cavity may be looked on as a lymphatic sac.

It belongs to the lymphatic system. It is not a passive membrane, but an active absorbent, a regulator of circulation. It may be claimed that the serous membranes act as joint cavities. They give opportunity for motion with minimum friction. The peritoneal cavity I shall view as a joint cavity, allowing all the movements necessary for the anatomical and physiological existence of itself and its contained functioning viscera. The serous cavities are really closed sacs. The exception of the female having two apertures for the fallopian tubes is not an exception in fact, as regards the closure against the passage of serous fluids; for the valvular condition of the mouths of the fallopian tubes does not allow serous fluids to pass from the peritoneal cavity through the uterus. Hence, practically, all serous cavities may be viewed as closed lymphatic sacs.

As closed sacs they become to a certain extent regulators of pressure. This is best seen in the ventricles of the brain. The fluid sacs allow the brain or delicate organs to rest on soft water-beds, protecting them from sudden changes or trauma. The serous sacs act as buffers, modifying the rude mechanical movements, and distributing forces to safe regions of more resisting structures. The serous cavities, with their contained fluids, regulate circulation. Observe how in the horse, after vigorously running for several miles, the large dilated veins stand out on his body surface. The fluid in the serous cavities has prevented sudden changes in circulation in the vital nervous centers and the vital

viscera. The fluids in the ventricles and arachnoid could not be rapidly displaced, so that the brain under the vigorous pumping of the heart is comparatively safe, for the blood is forced in directions of least resistance—the wide veins—the delicate viscera are spared shock. All these remarks apply equally well to the lymphatic joint and serous space, known as the peritoneal cavity. These serous cavities with their contained fluids not only regulate pressure, motion, and circulation, but they are normally always full of fluids or viscera. The fluids and viscera in the serous sacs alternately play on each other. The fluid plays a double rôle. It facilitates visceral movements with the slightest friction and fills the spaces in the sac due to small changes in the form of the viscera, thus in a certain measure distributing pressure uniformly on all contained viscera. It is in these great serous sacs that anatomy and physiology arise to their supreme significance in the animal economy. In these sacs anatomic structure and delicate visceral arrangement are combined with the most superior design of a physiologic mechanism. The serous cavities are the real physiologic laboratories of life. The anatomic limitation of serous sacs is purely for physiologic purposes. Anatomy and physiology here as elsewhere go hand in hand.

All organs are outside of serous cavities, since they are closed sacs. All viscera lie outside of the peritoneal sac. However, all viscera which have become invaginated into the walls of the serous sacs have certain supports for anatomical limitations and physiological purposes. We will not discuss here whether the supports (mesenteries, ligaments, and omenta) arise as primitive projections of the mesoderm—designed ridges of cellular tissue covered by serous endothelium—for the purpose of transmitting nerves and vessels to the inclosed viscus, or whether the supports are simply duplicature of the peritoneum. As the viscera increase in size in the adult, with the exception of the liver, they project and invaginate further and further into the cavity. The serous membrane gradually wraps itself around the viscus until it is evaginated into the sac, while its pedicle elongates. All supports (ligaments, omenta, and mesenteries) of the viscera in the peritoneal cavity are the same. They consist of (a) double layer of peritoneal (endothelial) mesentery (permanent or temporary) and (b) of a mesodermic mesentery (permanant).

These visceral supports are not merely to anchor the organs to the wall of the abdominal cavity, but they convey vessels and nerves for the demand and supply of the organs. They are neurovascular visceral pedicles. Fixation belongs to few abdominal organs. The liberal lengths given to the supports of the viscera permit them to perform their rhythmical function. Every viscus seems to me to have its rhythm. Rhythmical organs require space for their delicate motion, as well as

for their contraction and expansion. It may be observed in the abdominal serous cavity that nerves and blood vessels are systematically grouped, indicating an original division of the digestive tract into its three great regions—stomach, jejuno-illum, and colon. The supports of the abdominal viscera vary at different times of life, and I have found by careful examinations of foetuses that scarcely any of the original mesenteric supports exist in the adult: even the mesentery of the descending colon, which I had long thought was the original mesentery, first disappears about the third month of foetal life and does not appear again, only the sigmoid mesentery represents the original. In the serous cavity of the peritoneum there are two kinds of serous membrane, which may or may not differ in structure and function. One portion of the great sac is intimately in contact with the viscera and is named visceral layer (*serosa visceralis*). The other portion of the peritoneum is called the parietal layer (*serosa parietalis*). An important factor in the peritoneum is its subserous strata. The amount of the subserous tissue not only varies in thickness, but varies in localities. The peritoneal substratum on the anterior abdominal wall is very small, but the areolar tissue is abundant toward the pelvis and the dorsal region. It is very important to be familiar with the thick beds of white, snow-like areolar tissue that underlie the serous sac. The practical application of this anatomical fact applies to hernia, bladder, and the uterus. It is well to observe the fact in operation on the colon and kidney, which organs can be attacked from behind. Many of the organs connected with the peritoneum are sufficiently uncovered to allow surgical procedures posteriorly. The excessive beds and layers of areolar tissue immediately under the peritoneum endow the peritoneal membrane with wide mobility. The membrane can move easily on its bed, it can pucker and dimple and pouch, by which process it solicits hernial projections. It is probably owing to this yielding bed of areolar tissue that visceral supports elongate (prolapse) with age. I have observed that in all foetuses and young human subjects the visceral supports are short and the viscera are high in position, but with increasing senility the visceral supports elongate and the organs prolapse. Visceral supports are not for the purpose of preventing hernia through the contained walls, but for the purpose of allotting visceral rhythm and to prevent the organs from becoming entangled. The organs are so anchored that they seldom strangle each other by knots, twisting or pressure. In the lower animals the digestive canal is very long and convoluted, the peritoneum is more liberal than it is in man, but the visceral supports maintain absolute order among the various organs.

A serous cavity, in general, has an important function in animal life. In viewing it as a joint we compare all movements. It comprehends also

all means by which a joint maintains its existence and accomplishes its end. A smooth surface and a lubricating fluid are the essentials for motion. This peritoneal joint, or serous cavity, however, not only accommodates itself to bodily movements, but it adapts itself to functioning contents. It is a depository of changing and moving organs which subserve the object of digestion, gestation, and urination, and rhythmical organs. The joint must adapt itself to viscera, which have enormous changes in volume. Its walls and contents are in exquisite harmony by being supplied with branches of the same nerve trunks.

The wisdom of having three serous cavities, pleura, pericardium, and peritoneum, distinctly divided by strong partitions, though in close proximity, is apparent when one contemplates the spread of inflammatory conflagrations as well as the utility to function and physical protection by confinement. The anatomic and physiologic properties of a serous cavity and its contents present all the known perfections of the most exquisite mechanism. The slimy endothelium of the serous membrane lies on the top of the deep beds of snow-white areolar tissue, which possesses properties of elasticity and yieldability, contraction and expansion, without loss of integrity. The contained organs of the serous cavity possess mobility without dislocation. They have the power to change their form and return to normal without losing their integrity. The organs are endowed with rhythm, elastic and muscular tissue, and varied function.

The serous membrane, peritoneum, which lines the walls of the serous cavity and covers the organs evaginated into its folds, in varying degrees, not only facilitates all movements, but it regulates to a certain degree ovulation, digestion and circulation. The serous membranes are so named from the appearance of the nature fluid they contain—serum. The peritoneal cavity is always full. No empty space exists in the cavity. Abdominal pressure, which is muscular tension, forces the walls and viscera in intimate contact. Atmospheric pressure aids in excluding any open spaces in the peritoneal cavity. There being no empty spaces in the peritoneal cavity, the pressure inside and outside of a gut will be just the same, and this principle explains why the bowel contents do now flow out more readily into the peritoneal cavity, when a gut-wall is perforated or torn. The peritoneum is so thin that one can scarcely feel four layers between the finger and thumb. It is transparent and its endothelia are flat and irregular in outline and studded here and there with stomata, whose mouths are surrounded with a ring of small cubical cells. These little mouths open into subjacent lymphatic channels. The blood-vessels of the peritoneum end in a capillary network, which especially pervades the subserous tissue. The blood

vessels are much more numerous near parts of the membrane where lymphatic tissue exists.

CONCLUSIONS.

1. The peritoneum absorbs and secretes fluid. Solids will pass through it, especially the diaphragmatic portion, held in liquid suspension. In experiments the absorption is more manifest than the secretions, unless special fluid known as hypertonic solution is employed.

2. The physiology of the peritoneum must be looked for in the interendothelial space by its dilatation and contraction. The cover-plates are perhaps not engaged much in the physiology. The hard, indurated metamorphized protoplasm of the cover-plate aids chiefly in a mechanical way to facilitate motion when aided by the visceral fluid secreted through the interendothelial space. However, the cover-plate doubtless plays a rôle in osmosis.

3. The paths of absorption of peritoneal fluid either by way of the lymphatics (i. e., interstitial spaces) or blood vessels. The author claims that the fluid is first absorbed by the interstitial spaces.

4. The chief demonstrable locality of the absorption of finely divided granules of matter suspended in fluid is in the region of the diaphragm. The vast interstitial spaces of lymphatic channels in the diaphragm become more rapidly filled with the fine particles of matter a few minutes after the material is injected into the peritoneum.

5. There is a stream of fluid in the peritoneum directed toward the diaphragm.

6. The peritoneum in the dead animal will absorb fluids similarly to the living many hours after death. I have proved this definitely up to thirty-six hours. The animal absorbs during life as high as 10 per cent of the body weight; thirty minutes after death they absorb 6 per cent of the body weight in thirty minutes.

7. The peritoneum is a lymph sac. Its origin is due to fluid pressure and independent motion of viscera and body walls.

8. With the recognized rapidity of peritoneal absorption in extensive and dangerous hemorrhage peritoneal injection might save life.

9. In thirty minutes during life the peritoneal cavity will absorb as high as 10 per cent of the body weight. After death, say a few hours, during thirty minutes the peritoneum will absorb 6 per cent of the body weight.

10. The rapid fluid absorption by the peritoneum teaches against irrigation in laparotomy, from the fact that the germs would become widely and rapidly distributed.

11. The leucocytes act like a body guard to the peritoneum. At a moment's notice (irritation) the swarms of leucocytes emerge to protect invasions against the peritoneum, viz.: by digestion, imprisonment,

transportation, or sterilization of the foreign, be it vegetable, germ, or inorganic particle.

12. The enormous activity of the diaphragm in absorption makes it an intensely dangerous locality for infection.

13. The dangerous areas in peritonitis are those places of active absorption, as the diaphragm and small intestines, for absorption and infection kills, while peritonitis saves life. The benign areas, the safe areas of peritonitis, are those areas of slow absorption where exudates form. The benign areas of the peritoneum are those of the large intestine, i. e., the pelvic, the appendicular, and gall-bladder region.

THREE CASES.

MARIE LOUISE HUNT, M.D.

CHICAGO.

Case 1.—A young woman, 20 years old, left in my care during her physician's vacation. There had been a history of prolapsus to the third degree, fainting spells, and other hysterical symptoms.

When I undertook the case she was much better; prolapsus to the first degree, sometimes hardly that; complained of a sleepy feeling and fainted whenever she tried to go out; cried easily, had a pale anemic look, bowels always constipated, and no medicine relieved her for long at a time. First used the crutch tampon, as her physician wished her treatment continued, also dilated rectum. Was not getting the results wished, so commenced giving electrical treatment, hoping to strengthen the uterine ligaments, after which I dilated rectum with a sigmoid speculum, all the while douching part with warm water, medicated with hydrastis, which lessens the pain of dilatation very much, and washed away the mucus by the cupful, followed by needling the clitoris. A tampon soaked in bovine was then placed as a support and food to the uterus; her remedies, ferrated malt and iron three times a day.

In a few weeks the change was great, color had returned to her ears and cheeks, no more fainting or sleepy feelings; constipation much better.

After an absence of two weeks returned to report herself well; never felt better.

Case 2.—Married woman, with nephritis, aged 26 years; menstruated at 16 years; married at 20; two children, girls, aged 5 and 1. Has never been well since birth of the last child. Has had a bad cough, night sweats, gastric and intestinal trouble; feet, limbs, and abdomen swelling badly at times; nor has she menstruated in the past year. Family his-

tory: Father and two sisters died with tuberculosis; mother always constipated and died from its effects, with acute inflammation of bowels. First examination was made July 30, 1898. Patient was pale, anemic, waxy; feet, limbs, even above knees, badly swollen, also abdomen. A hard, tight cough, soreness of chest, profuse expectorations early in the morning, constant dyspnea, cough worse on expiration, with a tickling sensation at the lower end of sternum. Patient is always constipated.

Local condition: Hood of clitoris adherent, small ulcer on upper part of labia majora, lacerated cervix and perineum; rectal sphincters tight, mucous membrane red and angry, papillæ, mucus clinging to folds.

EXAMINATION OF URINE.—Frothy and cloudy: Amt., 1500 cc; sp. gr., 1010; solids, 34.95%; color, pale amber; reaction, neutral; CO₂, present, SO₄, present; phosphates, earthy, alkaline; albumin, profusely abundant; mucus, abundant; bile, in excess; peptones, —; sugar, none; blood, none; pus, present; urates, none.

MICROSCOPICAL EXAMINATION BY DR. A. C. HALPHIDE.—Tube Casts, mostly broad granular, a few narrow hyaline, epithelial debris and pus cells, mucus in abundance.

Commenced treating patient at office, August 1, 1898, giving three treatments a week until September 2. Treatments consisted in cleansing external parts, then vagina, following up with a medicated irrigation of the rectum and sigmoid to clear away the mucus. Small tampon to uterus to relieve the congestion, medicated with ichthyol or bovine; electricity and deep breathing. September 2 patient reports cough very much better, mostly early in morning; no dyspnea or pain in chest; swelling has left abdomen and limbs, still in feet; bowels moving naturally.

Knowing there was peripheral irritation and that I would fail until it was relieved, Dr. Pratt operated for me September 6, repairing laceration of cervix and perineum, removing papillæ and pockets from rectum and unhooded the clitoris. Remained two weeks and a few days in hospital; after a week's rest at home came again to office for electricity and a food treatment to uterus. Patient went into hospital weighing 111 pounds; in less than two months had gained eleven pounds, and continues to hold her own. Urine is now normal. Feeling she was suffering from the anemia following nephritis, had Dr. E. L. Smith make blood examination for me.

Report: 2,000,000 red corpuscles and 61% hemoglobin. After six weeks of iron in various forms her color is very much improved; is doing her own work, even ironing and sewing, beside the care of a teething baby. Says she feels splendid.

Case 3.—A woman, married five years, aged 26 years. One miscarriage in first year of married life. In the third was infected with

gonorrhea, having a severe illness, confining her to bed for some weeks. Brought to me November 1 for examination. Found uterus badly inflamed, os small, ovaries bound down by adhesions, and very tender, suffering constant pain, more on the right side; bowels constipated, cystitis, rectum extremely tender and inflamed. After treating her for two weeks felt she would be better for operative work; had her go to Dr. Pratt's clinic November 21. He curetted uterus, then went in posterior cul-de-sac to determine the true condition of ovaries. Found the right one well bound down by adhesions and the left completely snowed under. As both the patient and husband wanted them saved, if possible, the adhesions were broken up and wound closed, there being no evidence of pus. Dilated rectum, removing pockets and papillæ and freeing clitoris.

Patient did well for five days, when temperature and pulse went up. She was then placed on table and posterior cul-de-sac entered again. Found a pus sac on left side, removed and put in drainage tube for several days; patient was very sick, but with careful cleansing of wound once or twice daily she came out nicely and now is up and doing her own housework. Has menstruated once since operation and without pain, something that has not happened since she has been married. In fact, she has very little pain unless she is on her feet a good deal, and being a weak, anemic woman, could not expect better result in so short a time.

OSTEOPATHY.

THE SCIENCE THAT MAKES NATURE HER OWN DOCTOR.

D. E. KERR.

CHICAGO.

The public is often surprised by an announcement of a new discovery or invention, and the first impulse is to consider it a remarkable innovation—a great leap forward. Then the new thing is studied, and the history of it is made known, with the result that it is found to be the last step in a long and slow growth.

The history of the telephone will illustrate this assertion. At first believed to be a marvel that had sprung into being from a single brain and almost without ancestry, the wonderful instrument was shown, during the suits over the patents, to have been—like most other things—an evolution.

So well established is this truth that public opinion has learned to estimate the worth of newly heralded inventions and discoveries by judging whether they are in the proper and natural line of development expected from any art, or science, or philosophy.

Consequently, if a man should come out with a flaming advertisement in a newspaper declaring that he had found a method of making old people young again, or had discovered a chemical fertilizer that would make gold dollars sprout gold-bearing bushes, the public would not be particularly interested in the matter, except to learn who was wasting money in advertising a lunatic's ravings.

There is a healthy common sense in the community, and this common sense refuses to be led away from the well established facts of everyday life by vociferous clamoring, or bold assertion of theories that run counter to ages of experience.

It cannot be denied that "faith cure," "Christian Science," and other such systems are believed by the great mass of plain people to contain at least as much humbug as good sense. These everyday folks refuse the masses of offered evidence to the contrary. They do not care to consider the subject seriously. While admitting readily an interdependence between soul, mind and body, they flatly deny that "there is nothing but soul," "there is no such thing as disease," "if your body seems to be out of order, your soul is not in harmony with the universe."

Undoubtedly the soul racked and tortured by mental pangs may interfere with bodily health. But if little Mary Ann has swallowed a paper of tacks, her internal disturbance is not always due to remorse alone—unless the tacks be of the very smallest size. If Mary Ann's "Don't Worry," "Christian Science" or "Faith Cure" neighbor insists upon talking the "idea of tacks" out of Mary Ann's head, the simple, ordinary father and mother are inclined to ask "Who is to remove the hardware from the premises?"

There is no intention of poking fun at any valuable system of benefiting the human race, physically or otherwise; but if faith *can* move mountains, either faith is rarer than hen's teeth, or is engaged in other pursuits. Maladies caused by mental agencies will no doubt often yield to whatever can remove or modify those mischievous agents. That is all the public is prepared to admit, though it is not denied that physical results more often depend on mental causes than is commonly believed. The mental healers, faith-curists, metaphysicians—whatever their names may be—have gone further than the public is yet willing to follow. The philosophy upon which to base their pretensions is not yet established.

But here is osteopathy, another claimant for recognition in the field of healing. It does not claim novelty in its philosophy. It makes cures, but it explains them upon principles no one has ever denied. Wherein then is it new, or worthy of attention?

In this: It asserts that the old principles can be followed much further than has been hitherto the practice. It claims that study and knowledge and skill will enable the osteopath to discover and to remove

causes of disease as readily as the new X-rays enable the surgeon to find and take out the buried bullet that the probe used to miss.

The old surgeon was skillful, but he couldn't see through the flesh and bone. The new surgeon can.

So with the osteopath. If he could not find the cause of a malady, he could no more treat it successfully than his brother physician. Just as the X-ray apparatus gives the modern surgeon new eyes, new *facts*, and hence new power, so does the right point of view, the thorough study of anatomy and physiology, give the osteopath new eyes, new facts, and new powers.

The great difference is in knowing how to look and what to look for. Suppose you have an electric system of lights or bells in your house. It ceases to work rightly. You go all over it, and fail to find the trouble. Then you call in the electrician. He also goes over it, seeing the same wires, the same batteries, the same insulators, that you saw. But he *knows*. He has been trained to know. Where you have read pages, he has read books; where you have handled one battery he has handled a hundred. The electrician finds the trouble, sets the disordered system in order, and the lights glow, the bells ring again.

So with the practitioner of osteopathy. He knows how the human system should look and act and work. He can compare the disordered apparatus with that which is normal. He makes the abnormal normal—and the light of life is rekindled.

Doesn't this appeal to common sense? Is not every really great physician at work along the same lines? Is he not successful in proportion to his recognition of this philosophy of healing?

The osteopaths oppose the use of drugs. Well, do not all the great authorities practically admit that drugs are only a means of "fighting fire with fire"—a poison with a poison? Surely there is no field wherein drugs seemed more surely intrenched than in disinfection, in antiseptic practice, whether in general medicine or surgery. And yet no careful reader of modern medical news can have failed to see how the most recent progress is all in favor of simple, everyday cleanliness, good soap and pure hot water—which are every day gaining ground as against those drugs believed most potent. Keep "dirt" away or remove it, and nature will do the rest, is the best conclusion of modern research into prophylaxis.

Soap and water do not act as drugs; they remove foreign matter—whatever clogs, disorders, crowds or disarranges the external system. Now osteopathy also *removes* whatever disorders the system; and it is founded upon the same simple, direct, and conclusive reasoning that bids a physician wash a patient who is not clean.

It is of a piece with Cromwell's doughty saying, "Trust in God—

but keep your powder dry!" It is in accord with the old Arabian legend where the guest told Mohammed, when asked about the camel, "I have turned him loose, and commended him to Allah." "Tether him," quote the prophet, "and then commend him to Allah."

Osteopathy claims a better knowledge of medicine than the older practice. Its students have again and again offered to rest their claims to recognition upon the results of an examination in competition with regular physicians, upon the regular courses in anatomy, chemistry, physiology and therapeutics.

Again and again they have been brought under the scrutiny of legislative committees, and they have won their way into full right to practice in six states of the Union. And all this in a few years.

They claim remarkable cures of obstinate diseases. They claim to have cured diphtheria *in a few hours*, common throat disorders in even less time. They treat paralysis, rheumatism, lumbago, sciatica, dyspepsia, heart disease—the list is longer than can be readily recalled.

They offer to submit to any fair test of their system of healing; they ask no "faith" on the part of the patients or patients' friends; they have no creed to enforce, no system of philosophy to be accepted.

With what better credentials could a new philosophy of healing be provided?

CYSTITIS.

T. E. COSTAIN, M.D.

CHICAGO.

In this short article my intention is to call the attention of the profession to the mechanical means of relief for this troublesome affliction, realizing at the same time that it is only one of the various measures for its relief. Some years ago I was called upon to treat some very obstinate cases of cystitis in women, and for a long time observed faithfully the law of similia with varying success, sometimes very satisfactory and again an absolute failure. Deciding that the trouble was in these cases reflex, I examined them accordingly, in one case replaced the uterus, and presto, change; complete relief almost instantly. Many times since this has been repeated with similar results, but we sometimes find a case where this fails, and we find a clitoris bound down or a rectum needing attention or in the male a long foreskin, tight frænum or, mayhap, a urethra filled with sensitive areas, very often in its anterior third or prostatic portion, and again an enlarged prostate. I take the liberty of reminding you of the close anatomical relation of all these organs.

The sacral part of the gangliated cord consists of a chain of four small ganglia, which is placed in front of the sacrum internal to the anterior sacral foramen. From the lowest of the ganglia branches proceed on each side and converge to a median ganglion (ganglion impar) which is situated in front of the last part of the sacrum or the first part of the coccyx. The sacral ganglia are connected in a somewhat irregular manner to the sacral nerves by short gray rami communicantes.

From the upper sacral ganglia branches are given off which join the pelvic plexuses. Others pass across the sacrum to join the corresponding branches from the cord on the opposite side. From the ganglion impar twigs pass down toward and enter the coccygeal body. There are no white rami from the sacral nerves to the sacral sympathetic ganglia; therefore all the medullated fibers contained in the sacral sympathetic cord have descended to it from the dorsal and lumbar regions. They include some vaso-constrictor and secretory fibers from the hind limb, pilo-motor fibers from the post part of the body and some vaso-constrictor fibers of the penis. The white rami of the sacral nerves are represented by their visceral branches, the so-called pelvic splanchnics. They contain motor fibers to the longitudinal muscle of the bladder, motor fibers for the longitudinal and inhibitory fibers for the circular muscle of the rectum, motor fibers for the uterus, secretory fibers for the prostate gland and vaso-dilator fibers for the penis.

The pelvic plexus, a division of the hypogastric plexus, is divided into the middle hemorrhoidal vesical, prostatic, vaginal, and uterine plexuses. These are joined at the side of the rectum by branches from the sacral nerves.

The middle hemorrhoidal plexus goes to the sides of the rectum and communicates with the inferior mesenteric plexus and inferior hemorrhoidal branches of the pudic nerve. A glance at the distribution of the terminal branches of this nerve shows the inferior hemorrhoidal distributes to the sphincter ani and adjacent integument.

The external superficial perineal distributes to the scrotum and in the female to the labia majora. The muscular division of this nerve distributes to the bulb of the urethra, transversus peronei, erector penis (or clitorides), accelerator urinæ, sphincter vaginæ and compressor urethræ muscles.

Another branch, the dorsal nerve of the penis, is distributed to that organ in the male and to the clitoris in the female.

From the sacral plexus are other branches of interest to us; the ileo inguinalis goes to the skin of the labia, the crural branch to the round ligament and the inguinal skin, the hemorrhoidal to the fundus of the womb and the bladder. In this anatomical resumé I have tried to show

the commingling of the two systems in his conjunction. You must remember, however, that the finer dissection of the sympathetic shows ganglia following the arteries to every adjacent organ. With this in mind we readily observe that the uterine organs are more apt to be at fault than any other. We observe that the nerve connections with these organs and the vesical organs are perhaps the most intimate; in addition to this the reflections of the peritoneum lie in such close relation that a displacement of the uterus drags on the peritoneal coat of the bladder sufficiently to cause an irritation of that organ and in consequence a cystitis.

As the greater number of nerves enter the uterus at the junction of the body with the cervix opposite the internal os, dilatation of the canal will often be of service. An electric current of galvanism passed over a copper tip placed at this point has proved of great value in some cases, relaxing and at the same time dilating the canal. In other cases it may be necessary to repair a laceration in order to get the desired results.

In the more simple cases medicinal action alone may be all that is necessary even when not interfered with mechanically. Medicines are of great value; but if your cases fail to respond promptly, bear in mind your anatomical connections, examine your cases carefully and you will find some pathological condition which, when corrected, will relieve your case of this painful and discouraging malady.

CLINICAL CASES IN SURGERY.

W. M. TROWBRIDGE, M.D.

VIROQUA, WIS.

CASE I.—John D., age 28 years, American; occupation, farmer. History—For ten years the man has been suffering with severe pain on urination and in region of symphysis pubes, extending to rectum and perineum. Frequently the tenesmus is so severe that he is compelled to place himself upon his hands and knees, with some relief. He is at the present time unable to do the light work about a farm, even walking causing severe pain.

Diagnosis, chronic cystitis. Examination by inspection shows this patient to be a sturdy, robust man, able to do any amount of manual labor. The bladder was found contracted and mucous membrane so thickened that he was unable to retain more than 3 oz. of fluid at any one time. Diligent search was made for stone in the bladder, but there was none. Examination of the urine showed the color to be somewhat lighter than normal, specific gravity 1022, reaction decidedly alkaline

(albumen due to the pus), no sugar, urea normal. Microscopical examination of sediment showed bladder epithelia, some pus corpuscles and phosphatic sediment. No tubercular bacilli were found. The patient had taken remedies galore, but with little benefit, but had never received vesical irrigations. Coming under our care we immediately used daily vesical irrigations with different antiseptic fluids, care being taken not to over-distend the contracted and thickened organ. Such internal remedies were given as would acidulate the urine. Homeopathy and all kinds of pathys were given a fair trial, with some benefit, just enough to keep the patient from passing into another physician's hands. There being few hemorrhoids, we advised the slit operation. Accordingly, after due preparation, the patient was relieved of five large hemorrhoids, the mucous membrane of the rectum being coapted with catgut. The urethra was thoroughly dilated with steel sounds. The patient rallied from the operation, and for three or four weeks did well, urination was not so frequent, was quite free from pain. Soon after that he fell back from whence he came—nothing does him any good when there is so much tenesmus. Ten grain doses of boracic acid (Squibbs') four times a day relieves temporarily. We hold out to our patient the operation for perineal drainage, but he holds back—no more cutting. I should add that the man denied all venereal history. The microscope showed no gonococcus. I have every reason to believe him. I should be pleased to hear from those having similar cases.

CASE 2.—Mrs. S., American, age 34 years; mother of three children. History: Two months ago she noticed a little lump in her right breast, which gave her some pain. She paid no attention to it, however, thinking it was, as she expressed it, only an enlarged kernel. Examination revealed an irregular tumor, the size of an English walnut, occupying the center one-half of the right breast. There was no enlargement of glands in the axillary space.

Diagnosis, carcinoma of breast. We advised immediate enucleation. After strict antiseptic preparations an elliptical incision was made, removing the whole breast, with the pectoralis fascia. The pectoralis major and minor muscles were left intact, as well as the axillary space. The patient rallied well from the operation, there was primary union of the wound. Stitches removed on the fifth day. I report this case to show the efficacy of carbolic acid given internally to prevent the recurrence of carcinoma of the breast. This patient took one drop of Squibbs' carbolic acid in one teaspoonful of glycerine four times a day for one year. She is now, as far as we can see, perfectly well. The above treatment is from Prof. Albert G. Beebe. We have tried it in several cases and found it to work well where there was not too much involvement of the surrounding tissue.

EDITORIAL DEPARTMENT.

MENTAL AND PHYSICAL HEALING.

Let us think, but let us also act. Let us be good angels, but also good animals. Let us apprehend the spiritual, but not cut loose from the natural. To find God we by no means need abandon nature. Let us be theoretical, but pray let us be practical also. Let us be intuitional, but we must never fail to be rational as well, for intuitions unbridled by reason are but Lorelei, which are responsible for many a wreck. The highest aspirations of the human heart could scarcely be satisfied without spiritual unfoldment. But there is a danger in endeavoring to become angelic while still in this world of forgetting our animal nature and its necessities. A light which does not shine on one's earthly pathway makes it all the darker and ensures stumbling and its consequences.

As sincere human beings we have little use for theories that cannot be reduced to practical application in everyday life. We have no objections to an interior illumination that shall save us from the physical consequences of the mistakes we are sure to make if no such light shines for us, but a light that tends to dazzle our eyes, deafen our ears and blunt all of our physical sensibilities is a will-o-the-wisp that will deceive and betray any poor wayfarer who is foolish enough to follow it.

If there is a God of anything He is a God of everything; not only of intuitions, but of every possible variety of intellectual states and conditions, and also of their outward manifestations, in the world of physics. It is quite true that we are born into the letter of things, into a world of mere appearances, and in the process of our education we learn to read between the lines and by means of our physical alphabet learn to spell out the words which tell us first of intellectual and afterward of spiritual entities. But the wine of life thus expressed is not unfriendly to its physical receptacles, but on the contrary magnifies and protects the physical types by means of which interior forces are liable to find outer expression. In other words, true physical and true spiritual sciences are not rivals, are not inimical to each other, but on the contrary mutually helpful, and indeed dependent upon each other.

Any form of spiritual fancy that ignores or neglects due consideration of physical facts is impracticable for our use, unworthy our consideration, and whatever may be its sphere of application is indeed invari-

ably fallacious and consequently misleading and detrimental to our substantial progress.

We welcome ideals, that tend to put a meaning to our physical world, that ennoble everything that pertains to sense perception, that not only broaden but lengthen our earth life and increase our earthly joys by giving them a higher interpretation. But ideas that belittle physical delights, physical enjoyments, physical possessions, physical life in all its aspects is suicidal to earthly existence, an insult to the Author of Creation, and a crazy and harmful infatuation of its possessor. We do not mind halos, but we wish to keep in view the forms they encircle. It is all right to commune with angels, but we must not neglect our business with men. It takes diamond to cut diamond, it takes matter to move matter, and although thought may be a lever it cannot move this world without resting upon the fulcrum of physical expression of some type or other. Even Christ did not disdain physical contact in the healing of the sick, and while, for the dispelling of delusions, sometimes He merely voiced a word which was ample, He did not disdain to touch with His hands the physically disordered, or to make clay with spittle for local application. Only when spiritual principles are carried into act are they able to mold matter; only when messages are interpreted by some receiver are they able to reach our ears and give practical suggestions for our conduct. The word which moves mountains is expressed in the language of dynamite, pickaxes and shovels.

A young man has perhaps been poisoned by some inoculation, which in the very orderly manner of universal cause and effect has resulted in the formation of an abscess. The parts are red, swollen, painful, full of pus; he has a fever, aches all over, and writhes in an agony of apprehension and distress. A healing interpretation of the situation may serve to remove his fears, lessen his suffering, dispel his fever, stay the bodily consternation and check the further disintegration of tissue, it may save him from the further mischief of a bodily panic that tends to more extensive tissue disintegration, and perhaps death. There is no honest healer on either the physical, intellectual or spiritual plane of action that would not do all in his power to dispel the apprehension from which the patient was suffering, recognizing that the presence of fear is ever harmful to every possible type of physical condition. What the material healer needs is to recognize that there is a scientific way of handling this element in his patient's case and to administer to him the curative suggestion called for. What the spiritual healer needs, if it so happens that he be called to the case, is to recognize that the sufferer needs not only good advice and proper spiritual adjustment to his condition, but also physical assistance to aid nature in the evacuation of the pus. Let him think and suggest away fears, call out all the forces

of health at his command, summon all the hosts of wholeness and perfection within the reach of his powers, call upon his God to bring the dead to life; let him establish trust in the curative power of spirit, summon good from evil, put the best possible interpretation upon a bad situation, annihilate pain by teaching his patient to welcome whatever comes instead of fighting it, hypnotize away all suffering by every possible means, but in the name of humanity do not let him ignore the existence of the pus and its natural operation upon human tissues. When pus is once formed in any part of the human body its final disappearance is essential to the restoration of health, and there are but two ways by which this can possibly be accomplished, whether the curative agent be mind or matter. One is by the evacuation of the abscess with the aid of surgical interference, and the other is through its absorption by the bodily tissues and its expulsion through the natural channels, which nature furnishes for the burial of its dead.

If the patient had applied for mental healing before the inoculation took place his footsteps might have been so guided as to have saved the inoculation. If he had applied for healing after the inoculation and before the abscess formed it is quite possible that by stopping the bodily panic and curing the cowardice of the tissues the abscess might have been averted. But when the patient came for healing the mischief had been done, the abscess had already been formed, and the necessities of the case called for the full scope of the possibilities of the healing art. He needs the eradication of fear for the prevention of further mischief, but he also needs the evacuation of the abscess for relief from the mischief already accomplished. It is all right to suggest him into a comfortable interpretation of his condition, but it is all wrong to refuse him the physical aid that inspires in him the substantial courage of physical convictions and brings sure and speedy relief of body as well as of mind. To ask the blood vessels and lymphatics of the body to reabsorb the pus and pass it out through the natural channels of the body is to elect a long, tedious and dangerous process of repair. To aid nature in her efforts to expel the dead tissue by lancing the abscess and cleaning out the wound and applying physical agents that destroy the germs which are inimical in their tendencies to physical health is a matter of such plain, everyday common sense as to be absolutely demanded in the case under consideration. While all the comfort, consolation and healing which a spiritual adviser can bestow are in every way helpful and desirable, the surgeon's work is by no means to be ignored or belittled. The ideal doctor for the case must not only be theoretical, but practical; must not only usher in confidence and trust in God, but also a practical application of surgical principles, for they are Godly too. He needs spiritual knowledge, but he also needs a

knowledge of germs and their antidotes. He should bring medicine for the mind in the shape of curative suggestions, but also his scalpel, his solutions, his gauze, and his complete surgical outfit and knowledge as well.

Spiritual healing and physical healing must make each others acquaintance and work together. They have a common object, the alleviation of the sufferings of mankind, and their common cause pleads for a united effort. Will not every truth-loving, honest-hearted, fair-minded friend of humanity give his hearty endorsement to the following proposition?

Whatever will prevent or alleviate human suffering without being at the same time destructive of human consciousness is friendly, serviceable, desirable, and will be eagerly welcomed by every human being who has the good of his kind at heart. Rivalry, jealousy and hostility between internals and externals is a house divided against itself, for at all times and in all places their interests, their objects, their health, their happiness are ever in common. The evidence of the efficacy of any remedial measure is invariably passed upon by conscienceness, the testimony being furnished either by the giver, or the receiver. Sometimes one is sick and is aware of it, and at other times his discordant state is not a matter of self-consciousness, but appeals to the consciousness of others. In any event, whatever abnormal state is noticed, and whatever change in it is wrought, is invariably a matter of merely human testimony, and this is based upon mere physical observation.

When a drunkard is cured by any means whatsoever, be it drug or suggestion, the fact of the drunkenness and also the fact of the cure can only be established by human testimony, and that testimony is invariably based upon sense perception. It must be a prejudiced mind that would accept the testimony of drunkenness and a cure of it by one agent that would also refuse to give adhesion to the facts of the drunkenness and cure by any other agent when the testimony which establishes a history of condition and of cure in both cases is based upon equally reliable testimony. A man that would accept God's heaven and deny God's earth is no more to be trusted as a guide in matters of life than one who accepts God's earth and denies His heaven. The witness who would ignore drunkenness and an evident cure by the Keeley or any other physical method and refuses to lend a willing ear to a story of drunkenness and cure by mental suggestion when the witnesses to both cases were equally reliable, or perhaps the same, is just as unfair, unreasonable and undesirable an adviser in human affairs as he who saw with his eyes and heard with his ears only those facts which served to defend and sustain materialistic propensities. We have all of us seen cases which have been drugged to death, and others which have been operated to death; we have

all of us seen cases also which we could have seen if our eyes had been willing servants that have been frightened to death and disappointed to death. On the other hand, hundreds of times have all those of extensive professional experience seen cases whose sufferings have been stopped and whose earthly lives have been prolonged, some by surgical interference and some by other forms of physical healing. We have also repeatedly seen the wonderful curative action of mind over matter; we have seen it warm parts that were cold and cool parts that were hot, start functions that were sluggish and allay those that were over-active, have seen it subdue inflammations and fevers and turn the tide of life from waning to waxing until a soul that was rapidly decamping from its earthly habitation has been persuaded to reanimate its body and turn its confusion into orderly operation.

What right have we as true men and women, to say nothing of the increased responsibility involved in a professional life, to be prejudiced observers of either facts or forces? What right have we to be dishonest and one-sided in our observations? What intelligent and sensible man would willingly consent to be deprived of his intuitions, to have all his good angels taken away from him, his impulses to good smothered out of existence, his impressions of right and wrong blotted out and all the interior faculties of his soul closed to light from within? On the other hand, what intelligent and sensible man, however marvelously and effectively intuitional, would consent to be deprived of the accumulated evidences of his sense perception, upon which his reason depends and his judgments are founded? Who would want the memories of what they have seen and heard and felt and tasted and smelled—all of their self-consciousness, all their physical experiences, whose accumulation makes possible every type of worldly wisdom made as nothing, removed entirely from his possession? No man is well sprouted that is not furnished with ample material knowledge of all the necessities of worldly existence, and no man is fully fledged that has not gone beyond this and experienced an opening of his inner nature until he can feel the pulsations of the life that is throbbing within him.

When the interior and exterior, the intuition and the intelligence, are good friends and work harmoniously man becomes the image of his God and is well poised, happy and healthy. Inharmony between the within and the without constitutes a house divided against itself and involves physical wreck. Half a truth makes a lie, and all of the truth takes in all of God's creation, not merely a part of it.

As the various tissues and organs of the human body, each having its own individuality, are intimately associated in friendly relationship, constituting but one person, although made up of so many and such different parts, so must the great universal medical man, to be worthy

of his task of preventing and curing disease, become skilled in the employment of everything that will flush capillaries, be it mind or matter, and make use of whatever agency or force the cases under his care may need for their full and complete recovery.

True healers are true scientists, and to be true scientists involves thorough knowledge not only of physical facts and agents, but also of spiritual forces and entities, not only of spiritual forces and entities, but also of physical facts and agencies. Narrow-minded, lop-sided, unbalanced, sick and disorderly specimens of humanity are too common to be a good advertisement for prevalent knowledge, which simply means that the education of the times is not yet sufficiently broad. Division of labor is essential in a sense to the world's progress, and it is all right for some to work with microscope, and with chemicals, and with drugs, and with surgical implements and other means of physical repair, and it is just as right for others, equally earnest, equally honest, equally enthusiastic, to pursue the investigation of the deeper causes of things and study forces and their physical expression. But it is not all right for either class of laborers to ignore the labors of the other class. For the whole truth will not be known and mankind will not have the benefit of it and escape from the ravages of disease and premature decay until the rivalries between physical and spiritual doctors pass away and every one of both classes realizes, in theory and practice, the unity of God's creation, and the usefulness of every agent, both mental and physical, that has a good pedigree and a good record in its history as a remedial agent.

Truth is never inconsistent with itself, manliness is never inconsistent with Godliness, heaven is never inconsistent with earth, spirit is never inconsistent with matter, and vice versa.

Then let all the industries of the world go on. Suggestive therapeutics are certainly essential for perfect healing in many cases, nevertheless all physical measures in good report by medical men are equally so. Curative suggestions are needed for the sick, but so are drugs. Spiritual physiology is all right, but this is no argument against diatetics. Heaven is desirable, but earth is also necessary.

It is all right to fly kites, but when the string breaks, down comes the kite, humiliated and powerless. The problems of aërial navigation are not yet solved. Until they are we need the earth as a basis of all our operations.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

33. RECTAL DISEASES.—For many years past, almost by common consent, it seems, the treatment of rectal diseases has been delegated to the quack.

Why this important branch of medicine should be so neglected, seems almost a mystery. Owing to this neglect by the profession, and the credulity of the general public, the quack has had a very fruitful field to work upon.

His returns, financially, have been large, but the evil effects, the ruined constitutions and the suffering which have followed in his wake are most appalling. Through the daily press this paragon of knowledge heralds his virtues.

He claims to cure any rectal disease to which flesh has ever been heir, "without the use of the knife."

This cure is always for a stipulated sum in advance. This his victim readily pays and goes forth to tell all humanity what this mighty wonder is going to do for him.

Now watch this patient for a while. In a short time his boasting gets less and less, while his trouble grows worse and worse. In the large majority of cases he has paid his money, only to get no return.

He again seeks his advisor, the daily press, chooses another paragon only to go through the same program.

After many failures and much experience gained, this patient at last seeks advice from a competent surgeon. He is now told, if operation is necessary, the knife must be used, or if not, the proper remedies prescribed, and the patient relieved.

But, on the other hand, too often is it the case that the disease has made such progress that the patient is beyond the hope of relief.

Is the medical profession to blame for this condition of affairs? To a certain extent this seems probable, on account of failure to give these cases proper care.

Many physicians prescribe for them without any, or at most a very superficial, examination. They do not know the condition present, and the patient gets no relief. Therefore, is it any wonder that these patients after trying several physicians, eventually drift to the quack, who promises to cure all who come under his care?

"Without the use of the knife," is quite a winning expression. It is frequently used by laymen, but it is not original with them; it comes from a large class of physicians who, either because they have not kept up with surgical progress, or because they are not surgeons themselves, play the dog in the manger act. They are responsible for inculcating in the minds of the laity a prejudice almost amounting to a superstition against surgical procedures. They are responsible for a very large per cent of the major operations required; they are responsible for much avoidable suffering and many premature deaths. Some of them may be honest in their erroneous opinions, but it is ignorant (unavoidable) honesty and the advice they give is just as damaging as though it were given by those who knew it to be wrong. We think as a rule the surgeon-doctors are more careful than the medical doctors. True, at times they apparently take great risks, but it is the risk of their reputa-

tion to save an almost hopeless case, permitted to become so by the fear of the knife bugaboo. We do not believe in reckless surgery; no honest person can believe in it; neither do we believe in a dilly-dallying course that permits a patient to slowly waste away, and then after death tell the sorrowing friends that the patient was incurable because there was nothing to build on. If some of those bereaved friends would compare opinions and promises made a few weeks before the death with those made after, they would be surprised at their great difference. The views on medical subjects entertained by those outside of the profession are the result of the teaching of doctors. If those views are wrong the teachers are responsible.

If rectal disease were neglected for generations, or but superficially examined, why blame the people for trying to discover for themselves something that would, if not cure, at least alleviate their condition? If they found something that relieved them entirely of pain, is it strange that they thought they had found a cure for the condition? Doctors have arrived at a like conclusion from the same reason. Why should these people not tell their friends or fellow sufferers of what had relieved them after doctors had failed? If a doctor made the discovery, why should he not tell of it? He does. It is unprofessional to tell of it through the newspapers, but he advertises either by reprints or by word of mouth; some vulgar people or those who occasionally use a slang phrase would express it by saying they blow their own horns. A quack is not one who can do what he claims to do, no matter how he calls attention to his ability.

34. **DYSMENORRHOEA.**—W. A. Jamieson, M.D.—Probably there is no more frequently met disorder than dysmenorrhœa. Hardly a day passes in the office of the general practitioner that one is not called upon to prescribe for some hysterical, anemic and generally nervous female, who comes hoping for relief from conditions induced by dysmenorrhœa discharges.

In the treatment of this trouble I have met with marked success during the past three years; prior thereto, although the results were often satisfying, there were occasional failures—failures which I am now disposed to attribute in large part to unsatisfactory, perhaps improper, compounding of my prescriptions. Since, however, I have used the remedy mentioned in the case instanced below—one of the most obstinate cases which ever came under my notice—I have had, as before stated, unvarying success.

A Miss G., aged 21, brunette, large black eyes, dark hair, leuco-phlegmatical temperament, mentally active. From her early girlhood she had exceeded the usual hours of sleep, and after a long night's undisturbed rest was aroused with extreme difficulty. Finally, when awakened, she would be for at least two hours drowsy and indifferent to her surroundings, oftentimes irritable to the extent of almost unbearableness; later in the day, however, these symptoms seemed to relax and a normal condition obtain. Society was congenial and seemingly appreciated. Study, which in the early hours could not be forced upon her attention, became a sought-for recreation. Both of the later meals were daily taken with relish and advantage. Her general health was fairly good except during the menses. These first appeared when she was approaching her seventeenth birthday. The menstrual nixus was very irregular, and its oncoming signaled by severe pain in the spinal region, hands and feet cold, constipation, irritation of the vagina, leucorrhœa, depressed mentally during the entire day and sensitive to atmospheric changes.

While the menses continued, and the period was always protracted, she would have the oversleepy condition much exaggerated. Often for an entire day she was apparently conscious of nothing going on about her, although able to partake moderately of nourishment, and, what is quite remarkable, she could recall afterward little that occurred during these intervals. Two

or three days following those periods were not normal, she being sluggish, weak and nervous. Later, the, to her, natural condition would again return. She had three older and one younger sister in perfect health. After a half-dozen years' treatment by others and myself, without appreciable results, at this time my attention was directed to and I made use of the uterine wafers of Micajah. The relief was most prompt, but a final cure resulted only after persistent treatment. In less intractable conditions I have secured a cure in a remarkably brief period.

Here is a remedy that has given unvarying success to Dr. Jamieson for three years in the treatment of dysmenorrhea. That is doubtless a true statement, but the question naturally arises, how many cases did he treat, and what varieties? If he treated but a very few cases and of a single variety his experience is not very valuable; if a large and varied number of cases were successfully treated, then it is. We do not understand how dysmenorrhea, due to a contracted cervix uteri, can be successfully treated by the same means that are indicated for neuralgic forms, or for the membranous variety.

In the rush for new agents in medicine there is very great danger that commendations will be too readily given; that sufficient time and experience have not elapsed and been obtained before imperfectly tried measures are unqualifiedly endorsed, only to result in lack of confidence in the judgment of the endorser, and make the profession more skeptical.

There is too much medical literature foisted upon the profession; too many journals, books and essays read at medical societies. Too much immature thought on medical subjects put into print. It cannot be otherwise when so many pages are to be filled monthly with original reading matter. Were there a less number of journals and not so much padding of articles, they would be more useful because more careful consideration and experience would be required before they would be accepted. This would raise the standard of the journals and it would then be a great honor to be the author of an accepted article. It is the same with medical books; they are too frequently the product of rival publishing houses, issued for financial reasons only. The medical book reviews are generally commendatory and often made without reading the book. The agents of these publishing firms are glib talkers and the honest seeker for medical knowledge is an easily secured customer, because of his honest desire to perfect himself in his chosen profession. Very frequently he is disappointed in obtaining the practical help from the publications that he was led to expect, and gradually relies more and more on his own clinical experience. It is the same with medical societies; the practical doctor is disappointed in the help he obtains at the meetings and either ceases to attend the meetings or else goes mainly for the social features and the pleasure of renewing old friendships. It is time to stop and consider if the quantity of medical pages printed annually is not too large, the number of essays at medical societies too great. It would be a good rule not to write for a society when the physician has nothing to say, even though he be placed on a bureau. If he prepares a paper it would add very much to its force and interest if he would begin it with what he has to say and end when he has said it.

35. Calcium carbide is used by Dr. Ethridge for cancer. It is applied

to the affected tissue, evolution of gas occurs, followed by great pain for several hours. Half dozen treatments, at three days' intervals, changes a malignant into a simple ulcer, which disappears in three months.

36. The Cleveland Medical Journal advises twenty drops of the tincture of lycopodium three times a day for incontinence of urine.

37. The Americo-Surgical Bulletin gives a synopsis of a report of a case of adenoids in the nasopharynx. The boy was five years old and for three years had prolapsus of the rectum. The adenoids were removed, followed by an immediate cure of the prolapsus. The theory given of the cure was that there was increased peristalsis produced because of excess of carbon dioxide in the blood, the excess being due to irregular respiration, that to the adenoids.

Is it the rule for an excess of CO_2 in the system to produce increased peristaltic action? In many cases we have seen we think not. These cases are more inclined to be deficient in peristaltic movement. Hemorrhoids are common, but prolapsus recti is not in cyanotic cases, but would be were the theory above given correct; however these cases inhale plenty of air through the mouth. It is a more probable reason that the theory promulgated by orificial teaching is the correct explanation of the cause of the prolapsus. How improbable it must seem to some physicians that the cure of some cases of prolapsus of the rectum may be cured by an operation on the nasal passages.

38. Dr. E. L. Vansant advises the use of hot dry air forcibly syringed into the nasal sinuses for headache. Sometimes the air is medicated. The small outlets opening into the nares from the sinuses become occluded, thereby retaining gases and fluids in the cavities. The ramification of the air in the sinuses permits congestion of their lining membranes.

There are so many cases of chronic rhinitis that it may be an important factor in causing headaches or preventing the cure of headache primarily due to other causes.

C. A. WEIRICK.

JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

THE BODILY TUBES AND THEIR SOURCES OF ACTIVITY.

There is an extensive set of muscles in the body that is not dominated by the human will. These muscles are therefore called involuntary muscles. Their location is perhaps most tersely described in the statement that they constitute the muscular coats of the tubes.

The body is most thoroughly piped—more so than is commonly appreciated. Just think of it for a moment. First of all, there is a tube twenty-six feet long, extending from the mouth to the anus, receiving different names in different parts of its course, namely, the mouth, pharynx, œsophagus, stomach, duodenum, jejunum, ileum, cæcum, ascending, transverse and descending colon, sigmoid flexure of the colon and the rectum. The arteries are tubes, the veins are tubes, the lymphatics are tubes, the air passages are tubes, the kidneys, the ureters, the bladder, and the urethra are tubes. Tubes conduct tears into the eyes, the saliva into the mouth, the bile and pancreatic juice into the duodenum, the sweat and sebaceous glands, which are numbered by the millions, are tubes, the mucous glands, the crypts of Lieberkuhn and the simple follicles of the intestines are tubes, the vagina is a tube, the uterus is a tube, and this is connected with the peritoneal cavity by fallopian tubes. There is nothing that enters the body—be it solid, liquid, or gaseous, that does not enter by way of tubes, and there is nothing that leaves the body—be it solid, liquid, or gaseous—that does not find its exit by tubes. Supply trains and funeral trains are alike carried on by the tubular plan, and there is no part of the commerce of the body that is conducted by any other plan, except the chemical process known as osmosis.

Although the tubes of the body vary in size and shape, they have a uniform plan of construction, and a part of this plan is the possession of a muscular coat. In all cases, be the tubes small or large, tortuous or straight, the little muscular fibers which enter into the forma-

tion of the muscular coats are arranged both circularly and longitudinally, so that when any tube is in action its caliber is narrowed by the contraction of its circular fibers, and at the same time shortened by the contraction of its longitudinal fibers, thus producing a vermicular motion, which squeezes the contents, whatever they may be, to its destination. The common name for this process is peristaltic action.

The reason why peristalsis is not dominated by the will is because the muscular coatings of the tubes receive the nervous stimulus which operates them from the abdominal brain, or what is known as the sympathetic nervous system, rather than from the cerebro-spinal axis which dominates the voluntary muscles. In other words, sympathetic nerve force is the power which propels the entire enginery of the body. Under its magic spell, through the involuntary muscular system, we breathe and digest and circulate and secrete and excrete. So long as this steam of life is steady and abundant, all bodily functions are vigorously and healthily performed, and the community of our organs is not disturbed by the self-consciousness of any one of them. When, however, from any cause the sympathetic force is so depleted as to furnish an inadequate stimulus for the entire involuntary muscular system, the machinery of the body is correspondingly disturbed in its activities. The part that is weakest, from whatever cause, be it heredity, undue use, or accident, will first manifest the condition of lowered vitality by a disturbance of its normal function. The tonicity of the part involved becomes lessened, its circulation becomes obstructed, congestions ensue, and pathology in one or more of its various types becomes inaugurated.

The same truth put in other language tells us that a diseased condition of any organ or tissue of the body, be it head, heart, or abdomen, or any of the organs therein contained; be it the extremities, or any of the tissues that pad them; be it skin, areolar tissue, muscles, arteries, nerves, lymphatics, or bones, has its incipency in a depletion of the sympathetic nervous force.

The amount of this nerve force, then, measures our vitality, our stock in trade, our energy, our resisting and accomplishing power—in other words, our health. If it is abundant for the purposes of life we are well, and when any of the functions of life are so poorly performed as to permit any part of our organism to become the seat of pathological lesions, it means that the supply of sympathetic nerve force is inadequate to the demand. If the sudoriferous or sebaceous glands of the skin become inoperative, as evinced by a dry and parched condition of the integument, or the appearance of any of the types of skin pathology, a depleted sympathetic nerve will be found to account for the difficulty. If the respiration becomes enfeebled, and affections

of the bronchial tubes and the tissues to which they lead supervene, a depleted sympathetic nerve will explain the situation. If the brain and spinal cord stagger in their functions, and affections of the mental faculties or of the sense perception manifest themselves, a depleted sympathetic nerve will explain why. If the joints become diseased, or the bones lose their integrity and decay, a depleted sympathetic nervous force will be the occasion of it. If the circulatory system loses its vigor, and any of its parts becomes pathological, a depleted sympathetic force will be the occasion of the catastrophe. If the urinary tract falters in its purpose, and any of it degenerates into morbid conditions, a depleted sympathetic nervous force will have preceded the appearance of the urinary pathology. If the liver becomes sluggish, and staggers in its functions, it will be because a depleted nervous force has deprived it of its accustomed supply of vitality.

The same philosophy, indeed, applies throughout the domain of bodily organs. Lowered vitality is the true explanation for all types of local and general pathology, and in all cases it means an inadequate supply of sympathetic nerve force.

These various statements of tubular facts can readily be verified by reference to any standard text-book upon human anatomy. In the anatomies these facts are widely scattered, and only by being carefully sought out, culled out, and put together, can they be made to substantiate the statement which is one of the fundamental principles of the official philosophy—that we develop, repair, and live by the sympathetic nerve force. But no one can deny, upon the authority of any recognized text-book of anatomy or physiology, that the bodily commerce, aside from mere chemical action, is carried on solely by a universally prevailing tubular process. Nobody can deny, upon these same authorities, that the activities of tubes are made possible by muscular coats whose fibers are of the involuntary type. Nor can anyone question, from the same basis, that sympathetic nervous force is directly responsible for every variety of tubal activity.

These premises being granted, why is not the waste and repair of the sympathetic nervous force the most important study in the practice of the healing art? Feeling that this subject has not yet been presented with sufficient clearness and emphasis, will it not be well, in the next leading article in the JOURNAL, to consider more in detail than has yet been done the various physical causes which are prone to deplete sympathetic power and the various means by which this waste can be stopped and the sympathetic nervous system restored to a normal degree of vigor?

With this end in view, the leading article for the next number of the JOURNAL will present some suggestions concerning the waste and repair of the sympathetic nerve.

E. H. PRATT.

DYSMENORRHEA.*

J. E. LANGSTAFF, M.D.

My object in bringing this subject before the society is a desire to report the successful treatment of certain cases of dysmenorrhea. I refer to cases in which the suffering begins at or soon after puberty, and continues, unless interrupted by treatment or pregnancy, throughout the whole or a greater part of the climacteric period, to those cases that find for a time relief in the domestic remedy, gin, or some other alcoholic stimulant; cases that are often treated by the young practitioner with pessaries, and by the more experienced with constitutional remedies and out-of-door exercise. In this last treatment I have been very much disappointed, as I find anemic, plethoric, and neurotic patients, who do not suffer from dysmenorrhea; also, that a number who do suffer during the menstrual period are during the intervals in perfect health. This, and the fact that a great many are relieved by a dose of gin, or by the introduction of a small pessary, convinces me that the disease is local in its origin, and that the general condition is of secondary importance. A physical examination of these cases finds the uterus free, movable, and of normal size. In some the cervix is flexed forward, in others backward. The external os may be small or soft, dilated with more or less discharge. In passing a sound I find in all cases more or less tenderness of the endometrium. The pain is of a colicky nature, generally precedes the flow, occasionally continues throughout the period, and is so severe at times as to require opiates. The flow is generally continuous and of normal quantity; in some cases it is interrupted, and clots are passed.

During the past twelve months I have treated all these conditions by applications to the mucous membrane of the uterine cavity. In all cases the suffering has been very much relieved, and in the majority the dysmenorrhea has disappeared.

The treatment consists in the injection of ten minims of a three per cent. mixture of Churchill's tincture of iodine and water into the uterine cavity every four or five days during the inter-menstrual period. This allows about three treatments, beginning about five days after the flow has ceased, and giving the last treatment about five days before the next period begins. As an injector, I use a fine glass tube, curved an inch from one end, and expanded into a funnel-shape at the other. A piece of sheet rubber covers this end, and by the pressure of the finger the

* Read before the Brooklyn Gynecological Society, December, 1896.

contents are passed into the uterine cavity. I may be criticised for not always using a speculum, but the majority of the cases being unmarried, object to the pain and exposure made necessary by the use of the speculum.

The following history will illustrate more clearly the value of this treatment: In June last I was called to see Miss S., a daughter of one of my nurses, who was suffering excruciating pain in the lower abdominal region. She was passing through one of her menstrual periods, but this time had alarmed her mother by a hysterical convulsion. One-quarter grain of morphia had been administered before I arrived, and which I immediately repeated. She came to my office as soon as her menstruation had ceased, and gave the following history: At the age of fifteen years she was strong, robust, and in perfect health. Her menstruation came on without pain or suffering, but at irregular intervals. At the age of eighteen she began work as a stenographer. Her dysmenorrhea dates from this time, and from a slight discomfort preceding each period it gradually increased to severe cramps, which required her to remain home one or two days each month.

In March last she was brought home in a carriage, having fainted away from the amount of pain she experienced. During May and June she had taken morphia to relieve the suffering. She had now been suffering three years, and had refused to allow an examination, in spite of her mother's entreaties. I found it necessary to examine under an anesthetic, as she had become so nervous from long-continued suffering. I found the cervix anteflexed at about a right angle, the uterus low in the pelvis, but free and of normal size. The external os was soft, dilated, congested, and with a slight discharge. Menstrual flow normal in quantity and duration, but passing clots during second and third day. Pain two days before the flow, and continues till after clots are passed.

She had lost about twenty pounds in weight during the last two years, and had become nervous and excitable. I gave her three treatments before her next period, with the result that the flow came without the slightest premonition, much to her delight. Two treatments during the next interval with the same result. I generally give the treatment for three or four months, but discontinued in this case, as the patient decided she was cured. She has passed two more periods without any discomfort. I have given neither medicine nor advice in this case, and the patient has continued with her work.

From my experience in the successful treatment of about twenty cases during the past year I should judge that the suffering of this girl at the age of eighteen was one of hyperesthesia of the mucous membrane of the uterine cavity, which in time excited muscular spasm,

ending in a gradual sagging of the uterus and flexion of the cervix, producing obstructive dysmenorrhea. Had her disease continued a few more years she would have developed a neurotic temperament.

I attribute the success of the treatment to the separation of the iodine from the alcohol and its deposit in the mucous membrane of the uterus. The amount of iodine might seem ineffectual, but a larger quantity causes pain when applied, and increases the menstrual flow.

In cases of dysmenorrhea complicated by pelvic inflammation or by diseases of the ovaries or tubes, this treatment has no effect whatever, but I think if all cases of dysmenorrhea could be cured in the early stage of their development we would have fewer incurable diseases of the pelvic organs. Although my experience with this treatment is confined to one year, still the success has been such that I feel justified in reporting, even at this early period.

DISCUSSION.

Dr. Wm. Maddren: I do not know how to explain the action of the remedy that Dr. Langstaff has employed. I have done somewhat similar work in the past myself. I have been disgusted with employing medical remedies where we fail to get relief from them. Lately I have adopted the plan of giving an anesthetic and making an examination, and I have wondered why it would not be better to use a dilator and dilate that uterus; would it not be just as efficient as making an application? I ask for the experience of other gentlemen, not to criticise the doctor's paper; simply the comparative method. I have dilated and had good results from it, especially where there has been any flexion. Possibly the flexion may be due to arrested development or something of that sort, rather than as the result of inflammatory action.

Dr. Langstaff: No, I don't think so. I don't think there was enough discharge from the cervix to show any endometritis or congestion.

Dr. Maddren: Perhaps in the milder form the remedy the doctor employed was the best; still, if I had to give an anesthetic, it seems to me I would like to do it all at once and end it if possible, and I have succeeded in doing that a number of times. Of course, where there are different causes in the milder cases, perhaps the doctor's remedy would be the best, but I have simply been in the habit of doing the other way.

Dr. W. J. Corcoran: My experience in the treatment of dysmenorrhea has simply been one to disgust me with the whole subject. I have never been successful with any kind of treatment, that is, with dysmenorrhea pure and simple. If we call painful menstruation from mechanical obstruction dysmenorrhea, then something is to be done, the obstruction can be removed, the canal straightened out, and we get a result which we might expect; but there are a number of patients that suffer

with dysmenorrhea where you can find no lesion of the uterus or its surrounding organs of any kind, and those cases I have failed to relieve in any way whatever. I have in my mind now a patient who has just left the hospital, who has been operated on several times and always cured, but the trouble with her cure is that she don't stay cured. She comes back, and I generally find her there at the beginning of my term of service going through the curing process, and she meets me with a malicious grin, as much as to say: "Now, you see I can be cured," and she generally turns up in the next six months to meet me with the same experience exactly.

Dr. J. L. Kortright: As I understand this paper, it is a plea for the early treatment of menstruating females. As I understand it, the doctor's point is that the treatment of painful menstruation should be begun very early, before secondary changes have come on in the form of neurotic changes, and changes in the pelvic and uterine tissues. I suppose such treatment is logical and right. There is no more reason why a menstruating girl should not have attention directed by her medical attendant to make sure that those functions are properly established, than there is that the budding youth, or growing boy, should not go to the barber regularly and have his tender mustache trimmed and clipped; but I am sure we all have hesitated to make a local examination of a girl of this age; possibly it is wise to examine, but so far we have not done it. We are very apt to pass these cases over and give them a little iron, and hope that by and by they will be better, and sometimes they are better by and by and sometimes they are worse. I envy, I must say, the doctor's skill—I wish I possessed it. I have sometimes had great difficulty in passing instruments into the uterine cavity, especially without a speculum and by touch, and if the doctor can pass into a flexed uterus so fragile an instrument as a glass tube, without a speculum, I am glad he can, but I would not like to undertake it myself.

Dr. R. L. Dickinson: Local treatment, Mr. President, is certainly the easiest method of curing a local condition, but no question more difficult than to know how much of the condition is local and how much is dependent on the constitutional state of the particular patient. As Dr. Kortright has said, we hesitate ourselves, and our young girl patients are loath to be treated locally. We have to do what we can to relieve them without, and I think they can usually rightly claim general treatment first. For instance, your neurasthenic has dysmenorrhea as one of the symptoms of overwork at school. Just came out of Vassar. She has insomnia, headache, backache, nausea, and constipation with her dysmenorrhea. These are no doubt accompanied with some local changes, but it behooves us first to try and regulate the general condi-

tion. If we can get that girl out of doors at active exercise to replace prolonged indoor brain work; if we can get that girl on six meals a day; insist that she be not waked up in the morning, but sleep as long as she can, we often will cure all of the symptoms together. Now, the girl may have an anteflexion (in many cases not a pathological state) and yet, as Dr. Corcoran has said, she cannot be cured until her general condition is set right. If there is any other cause, such as chronic constipation, masturbation, late hours, or any other habits, causing it, I don't see how local treatment is going to be more important than the treatment of the general condition, and yet I admit that I, in common with others, sometimes shirk that general treatment. It is much harder to hunt down the general causative condition that is at the bottom of the dysmenorrhea than to get at the uterus itself.

Now, we are all very loath to begin the drug habit with any patient, to relieve her pain by giving bromid and cannabis, phenacetin, and worst of all, morphia. Viburnum does not fall into the objectionable class and does good to a small number of cases either in the form of liquor sedans or the viburnum extract, 3 grains three times a day for a week beforehand. We know the salicylates do rheumatic patients good, and we know a cathartic the day beforehand will relieve some patients by unloading the pelvic vessels, and we find galvanism curing some of these people. These are instances of what we can do to prevent women from acquiring the "office habit."

Is not this the wise procedure: To begin with general treatment, telling your patient that local treatment must follow if she does not carry out the stipulated regulations?

I agree with both the gentlemen who spoke before me in regard to the value of the iodin or iodin and carbolic-acid preparations on the endometrium; it sometimes will do remarkable things.

I believe I cannot lay too much stress on the value of dilatation. Menstrual blood will come through a pin-hole and leave no residuum behind, and this is no such simple mechanical question of opening a place through which fluid blood will run. That is too simple a solution. In the male urethra the passage of a sound at long intervals will produce marked results. In the same fashion the passage of a sound in the virgin will produce distinct results.

I presume the paper does not contemplate the more chronic conditions, where curetting and other measures are necessary, but simply those of the mildest form of endometritis, with possible anteflexion, in the virgin.

Dr. Geo. McNaughton: I suppose that with the subject of dysmenorrhea the doctor expected to include ovarian and tubal and uterine varieties, which can usually be distinguished, but evidently his cases

have all been of the uterine type, and I should say there was a commencing endometritis in each one, and that his treatment or the effect of his treatment was to diminish the endometritis. It is a peculiar fact that some of these patients who suffer with dysmenorrhea, for instance in Brooklyn, and suffer outrageously, will go to Wisconsin or other parts of the country, and have no trouble whatever for five or six months, and then come back to Brooklyn and be relieved for a certain number of months; then the dysmenorrhea comes again, but I think that is a different form of dysmenorrhea from what we usually meet. Instead of using iodine, as Dr. Langstaff does, I use the old-fashioned, very much abused, and usually considered discreditable, nitrate of silver. I use more nitrate of silver than iodine; think it relieves pain better, and its action on the mucous membrane is more satisfactory than that of iodine or carbolic acid.

From what Dr. Dickinson said, I should judge that he does not pay very much attention to an antelexion. I believe an antelexion is a condition that ought to be recognized, and if recognized it ought to be treated to the best of our ability. I believe that antelexion is a condition that is serious. Gardner of Baltimore, has made an examination of 112 cases of women suffering from dysmenorrhea. He found that the most frequent prominent pathological condition in these 112 cases was endometritis, then followed the posterior displacements, and then antelexions, etc., and it was a queer thing that nearly forty per cent. of those patients were sterile. Now, dysmenorrhea and sterility frequently go together. Dysmenorrhea is a frequent complication of flexions, particularly antelexions, and I say that young girls ought to have just as much benefit of treatment as old women, and if we find that a girl has persistent dysmenorrhea that does not get any better, I believe that that girl is entitled to examination and diagnosis, and to the best treatment that we can give her for her flexion. I have stated this before in this society and I wish to state it again, that there are a lot of those cases which, if they do not marry young, develop fibroid, and I believe it is a most frequent cause of fibroid, and every year I am more and more convinced of it. These cases ought to be treated early; I don't think we ought to postpone it, but we ought to give an anesthetic, make a diagnosis, and then do what seems best for the patient. These cases will not trouble you so much if you do an operation, giving them an anesthetic and then dismiss them. Galvanism, I think, will cure almost any such case as Dr. Langstaff mentioned.

Dr. Dickinson: Let me explain my position on the question of antelexion. I would not wish to be understood as making the general statement that antelexion of itself was ever a normal condition, or one which never requires treatment, but I say we encounter a great many

women who have marked anteflexions with no pain or distress whatever, so that an increase in the flexibility and flexion of the uterus at the junction of the cervix and body may be considered a not abnormal condition. At the time we happen to examine, the bladder having been emptied, the rectum perhaps not fully so, or with gas in it, the uterus may be found unusually flexed without a permanent condition of anteflexion. Of course I believe the graver cases ought to be treated, and I believe *theoretically* all the cases ought to be examined at once. Many virgins have very small hymens, but they can be examined through the rectum, and your young girl is entitled to that care of her hymen.

Dr. Geo. McNaughton: If I may, I would like to make one statement in connection with this subject, although it is a repetition of what I have said here before. Several years ago I examined a large number of women during menstruation, particularly those having flexions. If a man wants to learn something let him select a marked case of anteflexion and examine her during menstruation; see how the uterine tissue softens, observe how just as soon as the flow has established itself thoroughly—how the pain is relieved—how that uterus will straighten itself out. It is surprising. I examined a large number of women for the purpose of investigating that particular point.

Dr. Kortright: I would like to ask Dr. Dickinson a question. He spoke about the Vassar graduate—I suppose he meant a Vassar freshman—suffering from dysmenorrhea. I would like to ask him if in his experience dysmenorrhea is not very common in people who have work to do with their muscles, and that putting them out of doors has not resulted so well as he seems to imply; that muscular women are just as likely to have dysmenorrhea as those that are not, especially if they are stout.

Dr. Dickinson: I don't know; I have not found it much in stout women.

Dr. L. Grant Baldwin: This subject is one about which I feel very much as Dr. Corcoran does. I suppose the reader of the paper refers more particularly to that class of cases in which no special lesion can be made out, in which you cannot hunt down the cause and remove it; that class of cases is very large. But it does seem to me that the gist of the whole thing is providing drainage from the body of the uterus, and rendering the genital canal as nearly aseptic as possible. For my own part, I should very much prefer, in the cases described in the paper, if I had to give ether, to dilate the uterus and then follow with whatever seemed best for the particular case. In most of those cases I do not believe the anteflexion is pathological. Drainage is as perfect around a solid glass stem as through a hollow tube, and they menstruate with perfect convenience.

I agree with Dr. Kortright, that I have never been able, at least very rarely able, to make any application to the cervical canal, and much less the uterine cavity, without the aid of a speculum. Certainly it will be very interesting if the doctor's cases continue to be cured.

In regard to the general treatment, as a rule, the general treatment has been tried in the cases that I see; they have taken tonics, out-door exercise, and pretty nearly everything before they come to consult a specialist. My experience has been rather different from that of some of the gentlemen. I have never had a young girl refuse to be examined when suffering as described here tonight. They usually consent very willingly, and, in fact, seek it if there is any hope of relief. It has been my experience that they object more to an examination by rectum than they do to examination by the vagina, and the average woman's hymen need not be ruptured by a careful examination. The information I gain by the rectum is not satisfactory.

Dr. J. E. Langstaff: In regard to the glass tube I use, of course it is not fragile and could not be broken in introducing it into the uterus. In regard to the treatment by rest and five or six meals a day, the majority of patients are earning their own living and do not get the opportunity, so they cannot undergo such treatment. I do not think that any of my cases have an inflammation of the lining membrane of the uterus. Some of them have cervical endometritis and I think that the clots that form in the uterus are caused by muscular contraction at the os internum during the first two or three days. After relaxation of the muscle the pain is relieved even in anteflexion cases. I think the muscle relaxes very much after the menstruation is once established.

The amount of iodine I use, of course, would have no influence in cases of inflammation of the lining membrane of the uterus. I don't think it would be strong enough. I think curetting would be necessary. It simply relieves a sensitive condition and after a while the uterus becomes less tender and menstruation goes on without suffering. I rather think that even if I had continued the treatment for six months the uterus would become after a while so little sensitive that menstruation would continue painless even with an anteflexed uterus.

As far as the introduction of the sound or this glass tube without the speculum is concerned, I do not find any difficulty at all. If I can get it inside the external os I can, with my finger, draw the cervix down on the instrument or tip it backward, tipping back the body at the same time. It is not necessary to get the instrument through the internal os; the object is to get the ten minims inside of the uterus, which fills up the cavity without bringing any pressure to bear upon the Fallopian tubes. The treatment is very beneficial, takes about one minute, and patients do not object so long as it does not give any pain.

Dr. L. Grant Baldwin: We often speak of clots in the uterus. Now, in this very class of cases I would like to know what data we have to prove that clots are formed in the uterus. Personally, I believe that the clots passed are formed in the vagina. No one has ever seen a clot passed from the cervix, and I would like to know what reason there is to believe that the blood clots in the uterus.

Dr. Dickinson: As you say, the time the clots pass is the time they have hemorrhages. This would bear out the view that clots passed out from the vagina rather than through the uterus; but the other thing is also true, that patients will pass large pieces of membrane, in membranous dysmenorrhea, and at the time they are passed they seem to experience considerable pain and spasm. You have seen large membranes, representing in shape the cavities of the uterus, expelled with the relief afterward. If those membranes are thus expelled why could not clots be expelled with analogous sensations? I agree with you in the main, but I think there are exceptions.

Dr. L. G. Baldwin: I do not say the clot could not be expelled, but I do not believe the blood would naturally clot in the uterus.

Dr. Langstaff: I think the size of the clot and the amount of pain would show that it came from the uterus rather than the vagina, because with the amount they pass it would slide out of the vagina without any pain, or remain in, and if so, remain until it got larger. They speak of small clots and they suffer a great deal of pain while the clot is passing.

VAGINAL HYSTERECTOMY, FOR THE CURE OF VIOLENT SPASMS, PARALYSIS AND THE LOSS OF THE MIND.

E. M. ROCKWOOD, M.D.

FORT SMITH, ARK.

Mrs. E. W. Mary, age 42 years, was presented to me April 10th, 1898, for examination and treatment. Her personal history is as follows: She has been married five years and has never been pregnant. Her menses had ceased since the year 1876, 22 years ago. I found the following symptoms, which remained with her up to the time of operation, gradually increasing in severity each year. Six months after stoppage she was affected with violent spasms, had four to six a day. In the year 1877 she became paralyzed, losing complete control of her limbs and all power of speech. Her mind was affected at the time she was presented to me; she was a mild lunatic, having no mind whatever. I found upon examination the vagina was very small, hardly admitting

the passage of the little finger; after the finger had gone up one-half inch it was met by a stricture, which had bound down the walls of the vagina so small that a fine probe could be introduced with difficulty. I passed the probe up beyond the stricture one-half an inch and came in contact with another stricture. Could not introduce probe beyond last stricture. Bimanual examination revealed small uterus bound down with adhesions. She was given anesthetic. The vagina was enlarged by making two lateral incisions the whole length of the vagina; the womb, ovaries and tubes were bound down in one mass of adhesions; they were removed with great difficulty. The womb measured four inches in depth by one-half inch across the fundus. The ovaries were no larger than a small pea.

Time consumed in operation, 45 minutes. She rallied nicely; at no time did the temperature rise over one hundred. She remained confined to her bed four weeks and has had no more spasms. The paralysis is completely cured, her mind has returned, she knows her friends, can converse, sews, does light house work and has walked to church several times. She has improved both in body and in mind. Now she is a help instead of a burden to her friends.

Did the removal of those atrophied organs effect the cure, or was it the anesthetic and suggestive measures, or both?

Will state she would have those spasms while sound asleep.

THE ORIFICIAL PHYSICIAN.

MARVIN S. RICE, M.D.

AURORA, ILL.

If a physician's profession is to prescribe remedies for disease, the remedies employed may be such that, to separate the surgical from the non-surgical, may be impossible.

In writing for a Journal of Orifical Surgery I wish to designate the orifical physician as one versed in orifical principles and as using any or all methods along these lines that can be employed without doing any cutting. It was said of me by a physician that I had a fad, and that was along the lines of orifical work. "The devils believed and trembled." We believe. Are we devils? With the many *ists* and *pathies* coming serenely to the surface, it is the physician's duty to guard his belief and not be heralded as an *ist* or belonging to some *pathy*; but he must at the same time devote himself to the study of every thing that has to do with the alleviating of suffering humanity. The orifical philosophy comes in for its share of study, and the knowledge thus gained has

at this date been found practical, only needing further experience as to methods, and a better understanding as to just what is to be done for each individual case. To Dr. E. H. Pratt is due the credit of making it possible for many an M. D. to call or advertise himself as an orificial surgeon, and after doing work along these lines he has been encouraged in attempting other surgical work, that otherwise he would not have undertaken. In these days the advancement of many of the young men in any of the smaller cities and towns has been largely due to their being able to do surgical work. To have it reported that Dr. B. has successfully performed an operation, will give him a standing such as he could not attain by satisfactorily treating a number of medical cases. Aside from the surgical knowledge given to the medical profession by the founder and followers of the orificial philosophy, it is to the family physician that wishes to do all that can be done for patients, who will not undergo an operation, that an understanding of this *ist*, with its study of reflexes, and the heretofore hidden sympathetic, now peeping out at the orifices, that great benefit has come, not only along orificial lines, but also in a more thorough examination of all cases. To enumerate the many difficult cases that have been benefited and cured by the application of these principles, at my hands, would not the more emphatically express my unbounded belief, than the few that will be given. Beginning with Case 1, the list would include many numerals, to illustrate accurately the work done in sexual cases, both local and reflected, from continued irritation, to loss of power, with patient on the border line of rationality. Rectal dilatation and the use of sounds has given results that in comparison to any other treatment would be magical. To simply pass sounds in these cases is not enough. One must be governed in the case as to the length of time to allow sound to remain and as to the effect of the hot or cold sound, for by so doing one can allay irritation, with its resulting in more power in the right direction, and stimulate to activity organs that to the patient are "played out." As to the effect of rectal dilatation in its quieting results, and the opposite, its stimulating to activity dormant forces, I will relate two cases.

Case 1. Called in the early morning to the police station, to give something to a plain drunk that had been "run in" the night before, who had made the prison walls resound the whole night with his maniacal discords. Nothing but rectal dilatation was given, which changed the tone of his cry at the time to be followed by quiet and repose.

Case 2. Called after midnight to see a young woman at a hotel who was occupying a room with a young man, who stated that she had drunk chloroform, but he knew not why. At any rate there was in the room a two-ounce vial empty, labeled chloroform, also a young woman that could not be aroused, and a greatly excited young man. I asked him,

"What if I do not bring her out of this?" to which he replied: "Then no one here will ever see me again." The rectal speculum did the work, the young woman admitted the drinking of chloroform, but would not give any reason for so doing, nor the amount.

Case 3. In the following case I asked myself what could be done without previous orificial thought. Lady, age twenty-seven. Ill for a number of years, emaciated, some cough, badly constipated. Had received treatment from a number of good physicians, without any benefit. One had diagnosed the case as consumption with an unfavorable prognosis, and to this the young man that was keeping company with her told her people: "I have won her affection, and I do not think it honorable now not to fulfill my vows," and they were married, but as he said to me, "It has taken all I can earn to pay doctor bills." On coming to me this woman said very plainly, "I come with no hope of being benefited, but here I am to give you a trial." This woman had orifices, and to my mind the examination was not complete without their examination, but to my surprise I did not find that for which I sought in the way of cause from an orificial standpoint. I told my patient to return in four days; she did so, and at that time I found a stricture about four inches from the anus, this was gently dilated, and at intervals of a few days repeated. Patient was ordered slippery-elm as a drink, and two enemas of the same twice a day. Under this treatment patient began immediately to improve, and at the end of two months considered herself as getting along well enough to discontinue treatment. At the end of a year delivered her of a fine plump baby, and at this writing with baby eighteen months old she is a well woman, having only had one prescription in the meantime, and that for a cold.

Years ago we heard much of rectal dilatation for constipation. Will it cure every case? I reply by asking "Have we in any measure, for any diseased condition, one remedy that we can use infallibly?"

To-day we can help more cases of this common complaint than ever before, but with many, other measures must be resorted to. There are those that oppose any method unless said method is used with no other aid, but how many of us can positively state that a homœopathic remedy has resulted in a cure, if preceding its use other remedies have been given. Thus in the following case I have no doubt the internal medicine had somewhat to do in the results attained.

Case 4. Gentleman about forty years of age, obstinately constipated for years, but greatly aggravated for the past two years, it being nearly impossible to secure any movement from the bowels. Patient stated that he had not had any movement for six days, and his attending physician had given a diagnosis of a twist or invagination of the bowels. At times he suffered such excruciating pain, that morphine had to be re-

sorted to, and at no time was he able to perform any labor. From his long suffering and auto-intoxication he was but a "shadow" of his former self. I proposed to treat the case with rectal dilatation, and the indicated remedy plumbum 6x, for a time, and if not successful to use other means. After three days patient reported no movement, and must have a cathartic and injections, but I prevailed upon him to wait. The following day he had a slight movement; on the sixth day two movements, and from that time the bowels moved regularly every day, and soon he was able to do a man's day's work.

As at the beginning I said that there are many *ists* and *pathies* before the medical profession, from among them all, I had as soon be called an orificialist as any other *ist*. Later I hope to report failures, in both surgical and non-surgical cases, through the pages of the Journal of Orificial Surgery, a journal that every physician ought to read no-matter what his *pathy*.

REFLEXES IN PSYCHIATRY.*

D. CLARK, M.D.

Medical Superintendent Hospital for Insane, Toronto.

Within the last quarter of a century a large number of the medical profession have taken to so-called specialties. It is doubtful if these subdivisions of practical medicine and surgery are, as a whole, an unmixed good. These specialists are, as a rule, located in cities and towns, for, of necessity, the village medical practitioner must yet have a general knowledge of all branches of medicine. As far as diagnosis and surgical operations are concerned in special lines of abnormal conditions, the specialist has that knowledge and those modern appliances necessary to successful treatment. As far as these are concerned, specialists are advantageous to the patients when they do not include too much. Nothing now seems to be left to the general practitioner to try his skill on except the os calcis and the umbilical region.

The result, however, is rivalries and controversy in respect to the merits of the different special branches, in relation to general health and disease.

Any one who takes the trouble to read the reports and monographs of these alienists, gynecologists, ophthalmologists, neurologists, laryngologists, otologists, rectum and bladder-ologists, and so on *ad infinitum*, will notice with what assurance these circumscribed practitioners claim successful treatment of the diseased organ of which they now the most, and as being necessary to ensure generally bodily and mental

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health. Unconsciously such, of necessity, become one-sided men. The personal equation becomes paramount, and the one domain of their investigation is the all-important object of research and treatment. This is especially true of the young enthusiast, and usually he at last develops into a fanatic and faddist. There is a number of foundation errors which lead to his lopsidedness. The first of these is forgetting that a specialty, to be successful, must be based on a thorough knowledge of the whole human organism in health and disease.

Some one has well said that those deficient in the general knowledge of medicine, although thorough in one particular line of medical research, are like the men who would study comets only, and ignore all the planets in the sky, and call themselves astronomers. Their occupation would amount to nothing in the end, however learnedly they might discourse of comets.

The second error is that such people attach altogether too much importance to reflex action in disease. The moment a practitioner drills into his own head that the locality he cultivates is the cause of a legion of bodily diseases in distant parts, he is apt to overlook the real cause of many diseases, and by omission is apt to do more harm than by commission. Such do not storm the fortress, but are sputtering away their time at one of the outworks. They are applying remedies to the branches of a tree while the morbid disease may be in the trunk or roots. Allied to this is a third error which lies in a misunderstanding, or rather a misapplication of the term "reflex action." Descartes, the French philosopher, was possibly the first to use the term "reflex," and gave as an example the involuntary closing of the eyelids when approached by an object.

A more extensive study of reflexes was made by such as Marshall Hall, Grainger, Johannes, Müller, and others. The fundamental law is well known, which consists of the effect of stimuli to certain sensitive parts which are responded to by muscular contraction in circumscribed areas because of this nerve excitation. We see its operation in certain spasmodic affections and various motor disturbances. A true reflex circle must have its distinct neural structures, viz., an efferent nerve, a focal nerve; cell or cells, and an afferent nerve. These form a reflex arc, and act along physiological lines. It is these physiological facts misunderstood which have led to many errors of specialists in disease, and which may have nothing to do with that law of reflexes in disease. We have instead what the German calls "associated sensations," but not neurotic reflexes, so called. The influence which may begin *ab extra*, may end, and mostly does end, in some part of the great nerve centers, with no direct outward stimulation, so cannot in any sense be called a reflex.

In fact, as pathological investigation goes on, many diseases found in organs were only made manifest in these parts, and the nerve centers as causes of these manifestations were found to be the real seats of abnormal conditions. The list of such diseases would be very extensive, such as atonic dyspepsia, ovarian neuralgia, the various convulsions, epilepsy, exophthalmic goitre, angina pectoris, asthma, diabetes, Addison's disease, pseudo-hypertrophic, muscular paralysis, diphtheritic paralysis, and so-called inflammatory rheumatism and such like.

It is evident that such a disease has been treated locally, not only without benefit but to the injury of the nerve centers in which lies the primary cause. We know how many women have been unsexed to their moral and mental undoing by unwarranted extirpation of the ovaries when no disease existed beyond neuralgic conditions. An intermittent heart was often diagnosed as having been organic disease when the sympathetic nerve to the stomach was the root of the trouble. So-called inflammatory rheumatism in the joints is still classed as such, when we know that the heat, swelling, pain and redness will in a few hours depart to some distant joints and repeat the trouble, and this fugitive or metastatic trouble will fly from joint to joint. No rational explanation can be given of these migrations, except we take into account the nerve influence on the blood circulation. The sympathetic control of the caliber of the blood vessels, and the action of the trophic centers are never taken into account, and yet we know how much these vaso-controlling ganglia influence the human system in health and disease. The sympathetic system is almost everywhere in the body, and not only in intimate relation with the cerebro-spinal system, but controls and stimulates the glandular, visceral, and vascular systems. These facts are largely lost sight of in specialized medical and surgical practice. This is strikingly seen in gynecological treatment, especially when it is claimed that uterine diseases nearly always control mental conditions. The minor abnormalities are magnified into important factors in producing insanity, and thus effects are said to ante-date causes. The mistake lies in the supposition that these minor influences can be casual or adequately sympathetic. A slight tenderness of the groin at periodic times is usually magnified; a tilting backward or forward or laterally, or a scarcely perceptible prolapsus of the uterus, are solemnly entered in the history of such cases as exciting and primary causes of serious brain lesion.

Maiden and married pass through the ordeal of the manipulation of these raiders of feminine reserve and modesty. They seem after a time to become possessed with a dominant idea that these organs are the malign influence which excite and incite more than half the diseases which female flesh is heir to. Such spoilers are not charged with pru-

riency. It is not presumed that fees enter into their motives, yet the results are the same, and morally as well as socially are deplorable if not immoral. No man of fine feeling can think of these invaders in respect to his mother or wife or sister or daughter without having a chill of repulsion. The many honorable physicians at the head of this specialty who would readily endorse these words of mine could do much in checking this indecent tendency which so generally exists. They have only to minimize the exaggerated diagnosis and relegate the magnified portends to the quack prophets of the day. A righteous revulsion of professional feeling, not to speak of public indignation, is setting in against a needed and special work, when kept within reasonable bounds. Our mothers and grandmothers knew little of these matters, and it would be well for the present generation were less professional officiousness exercised in the direction indicated. Surgical gynecology has an important function to discharge when imperatively demanded, but the knife deftly used in guillotine or extirpation on hypothesis is bad practice.

A large number of our insane women came to our asylum duly certified to as having become afflicted because of ovarian or uterine diseases. Subsequent events show that no such cause exists, or that the disease is in such an innocuous form as to give no good reason for the extirpation; for the caustics applied to tumefactions of merely reflex conditions. The wonderful mechanical appliances with which small abnormalities are punished startle us with their frequency and variety. The day of reaction is coming as clinical knowledge is beginning to make manifest that many so-called local diseases are merely the fruits of pathological changes in some of the great nerve centers. Why then use our therapeutics and our mechanical ingenuity on the branches of the tree when it is the roots which are in distress? My experience shows that not more than three and one-half per cent of female patients are afflicted in this way in any serious form of derangement, yet at least forty per cent are certified to having become insane through this cause. It need scarcely be said this is a most extraordinary statement. Those statements are in accordance with our experience; as also is the fact that when insanity sets in many subacute diseases of the uterus disappear; such as dysmenorrhea, the various forms of metritis, subacute ovaritis and catarrhal conditions. Insanity seems to be antagonistic to their active existence. These alternatives are also true in respect to other diseases, especially those of the lungs of the insane. In this connection it may not be out of place to show the inconsistency of removing ovaries which are only functionally affected. Extirpation means a premature menopause, yet the time of the natural menopause is always understood to be a critical epoch in a woman's

life. How much more intense must such a change be when brought about by the surgeon's knife in the young or in middle life? No wonder that such a radical interference partially lowers bodily and mental activity and is a prolific cause of insanity instead of a cure. Our institution has a number of such cases.

To artificially produce a condition which is naturally said to be conducive to insanity is certainly a strange procedure to bring about relief or to act as a prophylactic if the usually accepted opinions are correct. The fact is, the change of life as well as puerperal crises have no special danger in the production of mental disorders unless there exists a predisposition thereto either through hereditary tendency or because of general asthenia, and in which condition the uterus is only one factor, and consequently not the *cause* but an *occasion* of the outbreak.

No one denies that some uterine diseases need surgical treatment, such as uterine fibromata. Some are painful and some are burdensome. We adopt relief by treatment at the earliest possible time. Those thus afflicted are few. We object, however, to the wholesale conclusion that at least 50 or 60 per cent of our female insane need gynecological treatment. This shows, doubtless, a speculo-mania which could not be found outside an insane asylum. No wonder eminent gynecologists, such as Skene, the late Goodell, Lusk and even Lawson Tait, raise a warning voice against such extravagant statements and such wholesale manipulations.

Such meddlesomeness has also a moral side. These raids upon the genitals of wives and maidens, spinsters and widows are unwarranted unless there are serious symptoms to suspect much mischief in these parts. The present race of women are as hardy, as a whole, as were those of a previous generation, yet the womanhood of the past had little trouble with the child-bearing organs. Except as mothers bearing children, they knew little about them. Now, as the French say, "The uterus is the woman." This mania has spread to such an extent that women not manipulated are in the minority, and in some of the United States law has stepped in between the physician and patient to protect the latter.

I cannot better conclude than by quoting the wise saying of Dr. L. Bremer, of St. Louis. His opportunities have been very extensive, especially among the insane, yet he vigorously attacks the utero-mania which afflicts so many of the medical profession to the hurt of their unfortunate victims. His statements are: "Without denying the possibility of nervous and even mental derangements arising in women from comparatively trivial diseased conditions of the genital organs, such as catarrh, cervical laceration or stenosis, uterine displacements or ovarian disorder, I agree with those who believe that the frequency

of such cases is vastly overestimated. The prevailing practice of treating slight local affections with a view of bettering or curing such morbid conditions as hysteria, neurasthenia and allied diseases of the nervous system are generally injurious.

"I go the length of saying that gynecological treatment, unless imperatively demanded of the unmarried female, is a crime. Its effect upon the mind of the chaste young woman is that of defloration. Her moral tone, her manner of judging things are altered and lowered with the consciousness of there being even a shadow of a flaw on her virginity. These subtle qualities disappear, which constitute the charm of girlish innocence. Her mind is polluted. She is unfit for marriage, and all this because the doctor happens to hold the opinion that by manipulating the uterus he can cure neurosis."

Skene says: "In this age of aggressive surgery, operations have been made to remove the ovaries in the hope of relieving a variety of mental and nervous affections. It is evident, however, that about as many women go mad because of the ovaries having been removed as there are who are cured of reflex mental and nervous diseases by their removal."

The eminent Dr. Albutt well says: "How intimately this organ, or this system, is associated with the nervous system is well known; but unfortunately, the weight of our knowledge all leans one way—it leans to a curious and busy search for every local ill which may arise in the female pelvis, while blind oblivion scatters the poppy over every outer evil which in its turn might hurt the uterus; nay, more, a resolute prejudice would deny that in the women any distress can arise which owes not its origin to these mischievous parts.

"The uterus has its maladies of local causation, its maladies of nervous causation, and its maladies of mixed causation, as other organs have; and to assume, as is constantly assumed, that all uterine neuroses, or even all general neurosis in women, are due to coarse changes in the womb itself, is as foolish as to suppose that the stomach can never be the seat of pain, except it be the seat of some local affection, or that the face can never be the seat of *ticdouloureux* unless there be decayed teeth in the jaw. All mucous membranes, indeed, seem readily to betray nervous suffering by relaxation or changed secretion; and I have no doubt whatever that a very large number of uterine disorders, which are elevated to the place and name of diseases of the uterine system, are but manifestations of neurosis. All neuroses are more common in women than in men, such as facial neuralgia and the pseudo-angina. Not only so, but in the uterus they possess one organ the more with its own rich nervous connections, and its own chapter of added diseases and neu-

roses; but to say that all these maladies are due primarily to uterine vagaries is to talk wide of all analogies.

"A neuralgic woman seems to be peculiarly unfortunate. However bitter and repeated may be her visceral neuralgias, she is either told she is hysterical or that it is all uterus. In the first place she is comparatively fortunate, for she is only slighted; in the second case she is entangled in the net of the gynecologist, who finds her uterus, like her nose, is a little on one side; or, again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year except during the long vacation when the gynecologist is grouse shooting, or salmon catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus, and you fix in the woman the arrow of hypochondria. it may be, for life."—(Visceral Neurosis.)

Dr. C. H. Hughes, editor of the *Alienist and Neurologist*, says: "The gynescic diseases of women are largely neural. They are also, it is obvious, even from this cursory glance at her organism and its inter-related cerebro-spinal and ganglionic system, both neural and psychoneural, as well as simply gynescic.

"If a man is a bundle of nerves, as he has been defined, woman is a similar bundle, plus a uterus and its appendages, and this uterus is in itself a bundle of nerves. If we study woman and her special diseases, in this light we shall better comprehend her than if we study only her diseases as limited to the uterus alone. And woman will better understand herself if she is taught that there is much more of her than the uterus and its appendages to become diseased. The womb disease crank, among our patients, who is the bane alike of enlightened neurology and gynecology, will then disappear."

It is not to be forgotten that in many there is no etiological connection between insanity and those diseased conditions. The co-existence of diseases is one thing, and their relation to one another as cause and effect is another. Local diseases are often contemporaneous without being necessarily related to one another except in a remote degree as parts of the same organism. Herein comes fallacies in tabulating cases and recoveries as consequent upon local treatment or operations when there is no proof that such is the case. We know it to be a fact that a large number afflicted with uterine or ovarian disease, organic or functional, recover from insanity, although the abnormal conditions may not be ameliorated or cured. Many of such diseases existed long before insanity came on, and were not casual in any way. Not only so, but

many cases of recorded recovery are only those of remissions in periodic insanity or those who have got well from eccentric shock or septic excitation, not because of, but in spite of all interference, operative or otherwise. It is impossible then to procure authentic or absolute data as to the benefits or otherwise, of treatment or operations on the pelvic organs except by collecting a large number of cases and comparing them with an equal number of cases not thus claimed by those who see a panacea in their petty local interference. "All grists go to their mill."

Undue prominence is given to minor uterine diseases. I am sure that an importance is attached to many of them as factors in producing insanity which is not warranted. This wholesale invasion has a moral connected with it which may finally lead to what we should be able to resist on ethical and rational ground, namely, legislative interference to some degree. Eminent gynecologists are wisely raising a warning in the right direction of conservative treatment. The statistics of the death roll in respect to those thus treated, who have perished by the use of the scalpel, are doubtless correct. No objection can be raised in regard to the correctness of the mortuary records.

CASES.

L. M. TURBIN, M. D.

CHICAGO.

HYSTERIA.

Mrs. P. J., age 34, married eleven years, one child ten years old. Has been suffering since birth of child with daily fainting spells, menstruation regular but very painful. Bowels had not moved without cathartic for eight years. Couldn't eat meat or potatoes, food would distress her, causing vomiting. Had been doctored for eight years. The last doctor prescribed one pint of whiskey daily and told her husband she had phthisis and considerable heart trouble.

Mrs. J. consulted me May, '98. Examination showed a bilateral laceration of cervix and hemorrhoids. I advised orificial work. She consulted her husband and he in turn consulted her last physician, who vigorously objected to such operation. Said she would never leave the operating table alive. Mrs. J. thought she might as well die that way as suffer all her life.

She finally came to Chicago and I operated upon her June 28, '98. Repaired the laceration of cervix and found a hard tumor the size of a small marble about half an inch inward pressing up on the arteries. Removed three hemorrhoids, pockets and one long papilla.

The patient left the hospital July 30th in perfect health. She can eat three meals a day, does not vomit, has no fainting spells, menses regular, not painful, and bowels move every day.

CONSTIPATION AND DYSPEPSIA.

Mr. P. W., age 43, consulted me Dec. 12, '97, for years of chronic constipation and dyspepsia. Found a bad case of hemorrhoids, operated on him Dec. 14, '97, and has been well ever since.

ASTHMA.

Mr. J. R., age 41, consulted me in October, '97, for asthma. For two years had been unable to lie down to sleep on account of suffocating spells. Coughed and expectorated. Had been doctored for phthisis. Examination showed his lungs sound, a long tight foreskin and tight sphincter. Could not insert my little finger in the rectum.

Advised orificial work, to which he readily consented. Operated on Nov. 15. Circumcised him, enlarged the meatus, removed four hemorrhoids of good size, and two pockets. He left the hospital Dec. 12, '97. Gained 28 pounds and expectoration stopped. He can lie down and enjoy a good night's sleep. He is a little hoarse and catches cold easily.

All my operations on the rectum are slit operations. In five hundred cases I have not found it necessary to perform the American operation.

AN INTERESTING CASE.

GILBERT FITZPATRICK, M.D.

CHICAGO.

Oct. 15, '97, Mrs. G. called at my office complaining of the following symptoms and conditions as revealed by subjective and objective examination:

Family history—Positively negative. Personal history, had usual diseases peculiar to childhood; though a sequela in the form of a catarrhal inflammation of the mucous membranes of the terminal bronchial tubes, followed measles; otherwise strong and healthy, as a child.

Began menstruating at 12; was quite regular during the first year, when a very severe cold was contracted. Delayed, painful and scanty menstruation marked the rest of her unmarried life.

The greatest of hygienic care was necessary just prior to and during the catamenia as any indiscretion would result in a suppression followed by the usual local and general symptoms.

A school teacher by occupation, before marriage, six years ago; two children, one dead, one living two years old.

Labors both very difficult; instruments were used; post partum hemorrhage followed the last birth.

Since then date the symptoms and conditions complained of:

Symptoms—An almost constant dull aching pain in the upper lobe of right lung; says she can put her finger on the spot. I found it located in second intercostal space $2\frac{1}{2}$ inches from the midsternal line. It is aggravated by exertion, menstruation, excitement, deep inhalations, etc. Pressure upon the spot causes no pain. A constant cough, very loose at times; sputum easily raised. In afternoon and evening more of a dry hacking nature; upper air passages feel sore and raw, aggravated by cold air and the cough. Sense of smell impaired; the catarrhal inflammation extends into the eustachian tube, affecting the special sense of hearing.

Frontal headaches, due to congestion of frontal sinuses. Sudden changes of temperature cause acute exacerbations of all these conditions. Loss of appetite, inactivity of the bowels, formation of gas, constipation.

Scanty but frequent urination; cessation of menstrual flow; leucorrhea, excoriating and profuse.

Aching pains down the limbs and through the hips.

Evening temperature, rapid pulse, chills and night sweats, emaciation with œdema of feet and limbs at night, and the eyelids and ears in the morning.

Sensation as though "everything" would come out through the vulva; sleeps poorly.

Physical condition: Five feet two inches high, weight 135, brunette, flesh soft and flabby; no tone to muscles, languid expression to every move and thought. Heart rapid but feeble, low arterial tension, capillary circulation sluggish; dyspnoea; feeble and shorter inspiratory sounds, expiration quick and forcible. Dullness of sounds on percussion; complexion denoted malnutrition. Mucous surfaces were irritable. The features from being round and placid, acquired a sharp and careworn look, especially in the morning. The eye lacked expression; passive congestion of the liver which extended below the ribs, and was sensitive to pressure; feeling of fullness with dull pain extending to the right shoulder.

Subinvolution of the uterus, bilateral laceration of cervix, os inflamed, enlarged and eroded; bleeds upon slightest provocation

Left ovary prolapsed into cul-de-sac.

Internal and external hemorrhoids, several papillæ and pockets. The dull pain in right lung was aggravated by pressure with sound on laceration of right side of cervix.

Diagnosis—One of pulmonary tuberculosis had been made by physi-

cian in attendance before she came to me, for which he had been treating her for a year and a half.

Prognosis—By correcting abnormalities in pelvis recovery could be hoped for.

Treatment—With a bright future pictured for her she submitted to treatment and operation.

Was put on a two weeks' preparatory treatment for trachelorrhaphy, curettement, and slit operation, which she had in stated time, with marvelous results. The dull aching pain has not been felt since going under the anesthetic.

The dullness and soreness have disappeared.

She breathes with comfort. No cough nor night sweats; the œdema, night and morning, has vanished; the eye has a bright look, an expression indicative of good health and an enjoyment of life natural to a loving wife and mother.

After Treatment—Slight dilatation, and some trimming of rough edges, within grasp of the sphincter muscles.

TREATMENT OF HEMORRHOIDS BY CATAPHORESIS.

CORA SMITH EATON, M.D.

MINNEAPOLIS, MINN.

Many recent and some chronic cases of hemorrhoids are curable by cataphoresis. This method is applied as follows:

A moist pad connected with the negative pole of a galvanic battery, is placed under the sacrum at the centers supplying the rectum. A round pure copper electrode, three-fourth of an inch in diameter, guarded by a moist chamois cap where it touches the tissues, is inserted into the rectum about one and a half inches, so as to be firmly grasped by the sphincters. The positive pole of the battery is connected with the rectal electrode. Glycerine is the best lubricant to put on the chamois cap. Vaseline will inhibit the current. The electrode can be inserted without discomfort if the patient is directed to bear down. The current is now turned on to the strength of ten to twenty milliamperes for from five to ten minutes, according to the toleration of the patient. The usual effect of the positive pole is contracting and anesthetizing. In addition there is the cataphoric action of the copper being driven into the tissues by the current. This is evidenced by the fact that the chamois cap becomes green in the first treatment, the color deepening each time it is used. The cap should be carefully cleansed in warm water and laid away in an envelope marked with the name of the patient, having a spe-

cial cap for each one. The treatment causes a hot puckering sensation in the rectum. This will be relieved by the application of cerate of hydrastis or dark pinus canadensis, which should be gently rubbed into the hemorrhoidal inch after the treatment. Sometimes when the tissues are very sensitive, the faradic current may be used to end the treatment or throughout the seance. It has a tonic effect upon the walls of the blood vessels and soothes the irritated nerves, but of course it does not give the cataphoric action. In beginning the treatment with a sensitive subject, it may be well to use a mild external treatment, without inserting the electrode into the rectum, simply placing a pad moistened with hydrastis or hamamelis or dark pinus canadensis against the anus, using the positive pole. At the next treatment there will be no trouble in placing the internal electrode. The number of treatments required is from six to twelve, usually about eight, given two or three times a week. Four illustrative cases are cited.

Case 1. Mrs. O. B. B., age fifty-nine, passed the climacteric at fifty. The same year had a severe fall, striking the end of the spine. A year or two later she began to have severe attacks of pain, beginning in the dorsal spine and spreading in all directions, like electric shocks, lasting three to four minutes. Better from folding the arm slightly and bending forward, from pushing feet against something as a brace. At these times it is difficult to breathe and later she spits up bloody mucus or pure blood, sometimes soaking three handkerchiefs with blood. The attack is brought on by a nervous shock or by a strain as from stepping upon a high step to get on a street car. The worst attacks follow coition if she joins in the act; if she is passive it does not affect her. A recent attack lasted over an hour and her husband thought she was dying. Bowels regular, and no pelvic pain. Chronic rheumatism for several years, with an occasional acute inflammation of the small joints. The symptoms pointed to orificial irritation. The examination showed normal uterus, ruptured perineum and the rectum a dark purplish red, with superficial ulceration in the last inch, the tissues friable and bleeding easily. This patient received eleven treatments as described above. At the end of this time the rectum seemed normal, and she said she was better than she had been for years. She seldom had one of these attacks or if one came, it was slight and she no longer raised blood. Other treatment used in this case was faradic cupping to spine, faradism to hands, hypnotic suggestions, and internally kali phos., hypericum and stellaria media.

Case 2. Mrs. J. H. A., age twenty-three, married three years, no children. Feels miserable this spring just as she did a year ago. Coughing somewhat and fears consumption. Lungs normal, uterus normal

position, flows without pain, rectum showing active internal hemorrhoids, daily bowel movement with inclination of late to diarrhoea. This patient received four treatments at the end of which time she was feeling in perfect health and the rectum looked normal. Other treatment given was *æsculus*, *hamamelis* and *hydrastis* rectal suppositories. Internally *kali carb.*, *hamam.*, and a digestive tablet containing *nux vom.*, *pepsin*, *carbo veg.*

Case 3. Miss L. M. C., age thirty-one, teacher and author, a confirmed neurasthenic since '91. Has had general electric treatment and electricity applied for ovarian trouble, and many months of rest and massage. Improves when the doctors, nurses and friends are bending every effort to relieve her. As soon as she attempts to teach breaks down completely. Appetite, sleep and digestion good, regular bowel movement, complexion pink and clear, looks well, but declares herself "wretched." Menstruation regular and painless except for severe sacrum backache. Examination showed a small goitre, uterus and ovaries normal, labia minora long and roughened like leather, long thick hood adherent to clitoris, rectum very sensitive, showing internal hemorrhoids. Advised operation for circumcision and amputation of labia, in the meantime giving rectal treatments, seven in all. Her health improved decidedly and when she was examined under an anesthetic at the time of her operation, rectum was entirely normal and needed no cutting. Besides the rectal treatment this patient received positive galvanism to the goitre with pads moistened in a saturated solution of potassium iodide, spinal faradic cupping, hypnotic suggestions, pure olive oil internally as a nutritive tonic, and internal remedies, *spongia*, *macrotin*, *pulsatilla*, *kali phos.*, *gelsemium* and *strychnine*. She also had thorough all-around work at her operation and now, five months later, writes me that she is a different woman and is renewing her youth.

Case 4. Mrs. C. A. S., age forty-eight, two children, climacteric passed several years ago. She has been losing flesh lately, is despondent, bloats, gas on stomach, sensation of weight after eating, rectum very tender and causes her to be nervous when she is in pain there, daily bowel movement, but she thinks insufficient, severe nervous headaches. Uterus normal, rectum shows hypertrophied external tabs and also internal hemorrhoids. She received eight rectal treatments with complete relief of swelling and tenderness in the rectum and great improvements to her general health. Other treatment used was the rectal suppositories, spinal galvanism, *hamamelis* in rectal flushings, and internally *belladonna*, *æsculus*, *hamamelis*, *caffein acetanilid* tablets and the tablets of *pepsin*, *nux vom.* and *carbo veg.*

MEATOTOMY.

HOWARD CRUTCHER, M.D.

CHICAGO.

The operation for enlarging the orifice of the male urethra is one that is frequently demanded for various reasons. The opening is often naturally small, and strictures of inflammatory origin are very common just behind it. My experience is that a large majority of meat-

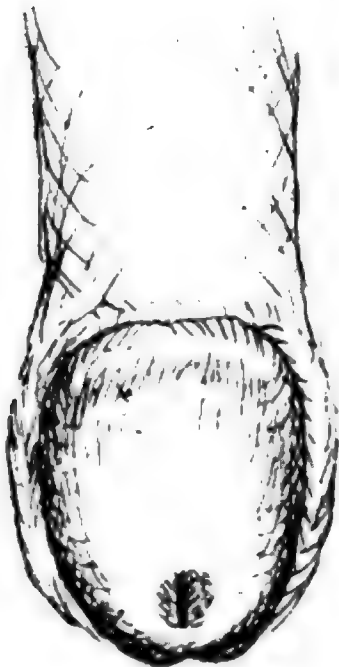


FIG. 1.

Congenital contraction of
meatus.

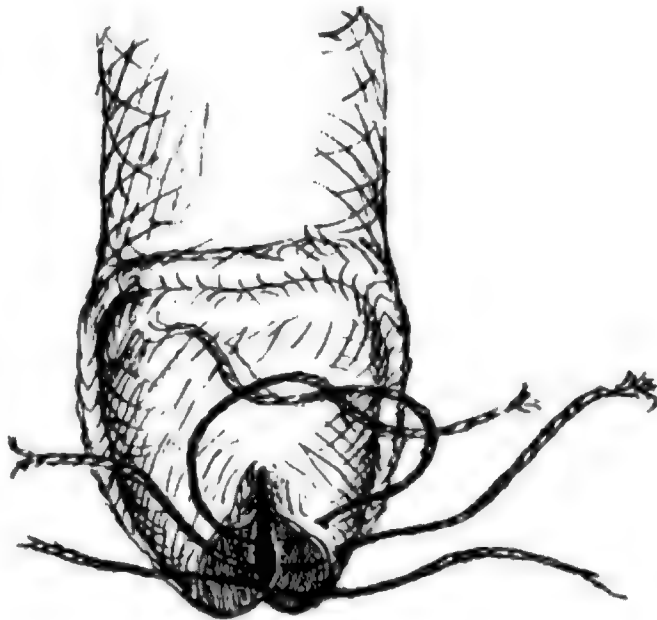


FIG. 2.

Showing cut surfaces, with stitches in place
but not tied.

otomies are total failures, or are largely unsuccessful, by reason of careless operative work. While the operation is extremely simple, its very simplicity seems to have brought about a certain disregard for proper surgical principles in dealing with it.

The method which I have pursued in more than a hundred cases, with almost unvarying success, is as follows:

Into the urethra is injected a four per cent solution of cocaine. After the lapse of four or five minutes, a straight pair of sharp scissors are introduced, and the opening is cut toward the frænum sufficiently to permit the easy passage of a No. 36 to 40 F. olive-tipped bougie.

Upon examination, two raw surfaces, one upon each side of the median line, will be seen. It is necessary to bring together the severed edges of the mucous membrane and promote union as rapidly as possible. This is best done by using a small, fine, curved Hagedorn needle, armed with fine chromicized catgut. From two to three stitches upon each side are necessary. When the operation is completed, the raw surfaces are almost entirely obliterated, and a gratifying result may be expected in nearly all cases.

Within a centimeter of the meatus will often be located a pus pocket, due to the pressure of a stricture of inflammatory origin. These strictures are best treated by a sharp scalpel, gently manipulated, always cutting toward the roof of the urethra.

The subsequent oozing is sometimes considerable, but patients seldom complain of more than trifling annoyance during convalescence.

The reason why so many meatotomies are failures is because the opening is cut and not stitched. Granulation sets in and considerable cicatricial tissue often forms. In uncomplicated meatotomy subsequent dilatation is not required.

IF THE CHILD WERE A BOY WOULD CIRCUMCISE IT.

J. W. MEANS, M.D.

TROY, O.

The above expression was forcibly brought to my hearing some time ago when in consultation with a physician of the ancient type, although one who is doing all in his power to get out of the broad and beaten path of medieval medicine and crystallized ignorance.

The child born of ill-fed parents was a chip off the old block, pale and anæmic, the picture of distress so prominent in all such products. I at once recognized in the M. D. that a gleam of intelligence had illuminated his soul. The clouds that had so long darkened his pathway were gradually being dissipated and the light of truth was slowly but surely dawning upon him. Tonics, tissue remedies, the indicated drug had failed. The surroundings clearly indicated that hygiene, good food and massage were factors wholly ignored by the family. If it were a boy with accompanying symptoms, would circumcise it; but such a procedure in this case would be rank heresy and therefore could not be considered.

The evolution of the mind is as slow as the evolution of society. We rise through various life forms from lower to higher until we reach the crown of creation. The physician in question had grasped the orificial

idea in part only; but when we find a follower of Æsculapius who is willing to admit that orificial irritation causes marked disturbance in every tissue of the body, we should extend to him the hand of fellowship and welcome him to the fold as an evidence of the changes resulting from the teaching of the last ten years.

Expansion in ideas is as important as expansion in territory. Both result from development—the former is due to physiological changes incident to thought: the latter to the assumption of greater undertakings in the government of the world. Expansion is growth and growth is expansion. When we cease to expand or grow we commence to decay. This is as true with the mind as with governments.

To circumcise girls is, to a host of physicians, an idea as foreign to their conception as is the solution of perpetual motion. In the reports of cases in the *Journal of Orificial Surgery* we seldom hear of circumcision of girls. Often we do see in girls that same peculiar look and characteristic symptom of orificial irritation, so easily detected by the trained eye of the experienced physician. What are we to do? The symptoms of nervous irritation manifested indicate some orificial trouble, but the child is a girl and we are barred as it were from performing a humane act, because our biological conception of development in the case at hand is not in accordance with pre-existing teachings. The correct thing to do is to at once relieve the hood of the clitoris if bound down, and if necessary trim off the edges of the hood, just as you would the foreskin of the male, the result will demonstrate the wisdom of your procedure.

Prejudice and ignorance are the great barriers to human progress. They are exceedingly closely united; in fact, the attributes of each blend so beautifully and harmoniously that it is almost impossible to draw the line where the one begins and where the other disappears. Prejudice is a product of education. Ignorance is a product of neglect of education; yet one is the complement of the other.

I am an expansionist. To expand the orifices of the body flushes the capillaries, aids in throwing off the effete matter lying dormant in the skin, and gives vigor to the whole economy. New life and new growth are installed. We must move on; stagnant pools become infected with infusoria—disease and death lurk in their domain. The mighty ocean purifies itself by its ceaseless ebb and flow. We must expand or die of inaction. Health and not disease is contagious, if we act in accordance with the laws of nature. When Robt. G. Ingersoll said that if he had the making of the world he would make health catching instead of disease, he was evidently of the impression that what he said was the truth; but, as usual, the great agnostic was far from the correct view of the true principles of life. Health is the rule, disease is the exception. We do not catch disease, but allow ourselves to deviate from

health's well known rules; hence we fall into all kinds of quagmires and uncongenial climes.

Anti-expansionists, whether they refer to orificial expansion or territorial expansion, are radically wrong; and we need only to point to the medical history of twenty-five years ago, to prove the former, and to the records of the United States Senate to prove the latter.

To be more practical, will give the following incident to illustrate my ideas. Child, eighteen months old, female, nursing the breast, pale and delicate looking, poor development in body and mind; has had a severe cough for four months, bronchial rales distinct. Parents had child measured for "flesh decay;" drugs had been administered galore all to no avail. When I was called I never saw a more pitiable sight, but at once recognized that the nerve waste was greater than the limited amount of vitality the child possessed could stand. Without parleying long I at once examined the clitoris and found it so small and contracted that at first glance there seemed to be none; but on close examination, found hood bound down, beneath which was a hardened chunk of smegma which I removed and broke up the adhesions. A few general directions as to hygiene were given the parents. One month later child bright and healthful; lungs free from mucus rales; cough almost gone and a general improvement due to increased energy of all the vital forces.

What caused this marked change in so short a time? It was not due to drugs, as months of medication had made no change for the betterment of the child's condition, other than to irritate the stomach.

Tens of thousands of children are suffering from a similar cause to-day, a great majority of whom could be relieved, and instead of growing up to manhood and womanhood depleted of the energy so necessary in the struggle for existence, they would be strong and vigorous and able to grasp the higher life so needful for perfect enjoyment.

The almshouses, penitentiaries and insane asylums, instead of being over-crowded as they are now, would be ample to accommodate the few unfortunates who, through circumstances over which they have had no control, are reduced to penury and want which leads to crime and degenerate habits.

EDITORIAL DEPARTMENT.

It is the policy of the editors that the body of the JOURNAL should be set apart as far as possible for the consideration of every possible physical means at our command, whether it be methods of surgical procedure, of manipulation, of applications of heat and cold, or of the employment of drugs to accessible parts, for the relief of nerve impingement of the sympathetic system, for this is the fundamental idea of the orificial philosophy.

But in most chronic cases the patient has such an important part to play in his own recovery that the editorial department has for some years been devoted to the discussion of the action of mind over matter, with the idea of presenting views of life and its problems that may be utilized in the healing of the sick, thus supplementing in a practical manner the physical considerations with which the body of the JOURNAL is concerned.

This is our apology for publishing Dr. Beebe's paper in the editorial department.

SOCIAL EVOLUTION.*

H. E. BEEBE, M.D. •

SIDNEY, O.

The progressive student of sociology to-day sees new problems to engage his attention, continually arising, whereby society is affected either for better or worse. If the issue be at all obscure, or is a departure from the ordinarily advanced views, too many men and women of mediocre gifts let their poor judgment ridicule it. This is especially true where the question is not in accord with their own narrow-minded and prejudiced ideas of the subject. It is well said: "There can be no true advance without meeting its opposition."

Different conceptions of evolution, as philosophically defined, have prevailed, and do yet, some of them conflicting; therefore, a clear idea of evolution in general is needed before we can clearly view evolution of society. When first used, the word had a different significance from that which is now attached to its wrong etymology and its early use, the meaning of the word being to unroll. In its broad sense it means

*Read before the Sidney Sociological Club, Thursday evening, Jan 26th 1899.

change. In its narrowest sense it means simply adaptation. By reason of these different obscure conceptions many speculations and differences yet arise, even regarding evolution of society. To the student of metaphysics its meaning is broader than to the investigator of the natural sciences.

Social evolution is the formation, growth and improvement of social conditions and functions of human society. It has to do with the wide diffusion of humanitarianism, being interested in every question of social, religious and political progress.

It is governed by education, religion, ethics, and other forces, all having to do with the general welfare of man, thus depending largely upon scholastic culture and social refinement. The development of sociology has been slow, but of continuous growth, a progressive gradation both historically and logically.

Naturalists admit of but two classes of bodies: lifeless things, and living things. In the study of evolution in general, we begin with first principles of cosmic evolution, evolution applying to early nature inorganic, lifeless matter, before life could exist. Even this early it is evident that nature's works are harmonious and essentially united in their actions, and, furthermore, successive grades of evolution are perceived to be but a part of one grand whole, that can only be comprehended by investigating its evolving phases from early processes in nature. When this is well understood we are ready to take up the next step, biology, the evolution of the science of life, following this with the study of human life, or "The true relation of man to nature," and his environments, and finally looking into his life and character as a social intelligent being, self, man's greatest mystery. What is he?

Social evolution commences with life science, organic evolution, that stage of cosmic evolution where life begins, when the forces of nature were first organized for assimilative functions, that ever persistent competitive strife and struggle for existence, so well termed "Natural Selection." What is life, with its thousands of relations, or, what are life forces, are questions no one can answer; much less can life be comprehended. We are equally lost regarding the origin of consciousness, the inception of sentient evolution. We only know that organisms possess psychic qualities, and that higher forms evolve to the possession of organs of special sense.

The origin of society begins low down in organic evolution, before anything like sociability or enjoyment of one another's company comes into the question. "The raw material of society" consists of human beings without any distinguishable organization whatever, not even is the domestic household at all recognizable. Man at this stage was far from a social animal, for he seemed rather the reverse, a ferociously solitary

hermit. His social nature was acquired as other characteristics developed, through combination and association, which has the appearance of a subversion of before existing competition. But, such is not so, since this is early shown to be merely a new competitive agent. Collective interests are both beneficial and detrimental, their justice depending upon the establishing of a practical equilibrium. Theory and practice may, and often do, widely differ.

Social evolution is truth as related to social phenomena. It contemplates the history and extension of civilization of mankind as a body, not some individual natural life, for when viewed individually it is too narrow and contracted to warrant conclusions of general application. The true citizen must often divert his attention from individual to general interests.

Dr. Lankester says: "Social Science deals with the social relations of man to man and the duties growing out of those relations." Another writer says: "It is the systematic investigation of principles and laws affecting the welfare of mankind in society. It recognizes that men are in a condition of disaster and distress and desires to relieve existing evils in this life," showing that practically it is based on true philanthropy.

A savage knows little of social relations since he is overly selfish, knows almost nothing of social pleasures, for he is not disposed to hold friendly intercourse with others. He is not a social being, has no knowledge of the reciprocal obligations of civil society and its members as opposed to a state of nature.

In social evolution from savagery to early civilization, primitive organized society, one of the first series of steps by which society developed, was for the individual to give up his supposed brutal right of redressing his own wrongs and yielding obedience and support to the State, in return thereby receiving public protection and defense. He had to be led to realize the duties he owed to others, of man to mankind, as associated with him in the family and race as an aggregate body. The fact is mankind have not yet all been led to see this question in this light. War seems to still be necessary, in some cases, for the advancement of humanitarianism. Such was the case in the Spanish-American War.

A struggle for existence in the domain of organic life is a quality belonging to the almost endless number of various organisms from the lowest to the very highest, man. This continuous strife of selfish warfare, through which life feeds upon life, brings to bear all efficient means of competition to evolve a longer, a surer and a better existence. The devices for carrying on this battle vary, hence the adjustment to life differs with different animals, being tested on all sides. This struggle of individuals forms a basis for study, yet it is of minor importance when

compared to groups and combinations of humanity. Here modifications have to be considered to meet necessary requirements.

While sociology proper is comparatively a recent study, its principles date far back in history. The chronology of humanity's social progress is difficult to detail or outline, although we do know it has from early date almost continually brought about increasing devices of competition, so that now mankind finally possesses the power of controlling about all other existing earthly creatures, each bowing at man's bidding. He is able to humanely direct and control *so* much of creation, by the aid of the harmonious combinations and associations of groups of individuals. Competition with one another *has* become somewhat modified.

Man's ascendancy has come about through his intelligence, and not from any physical advantages. Education has gradually led him to this increased efficiency in overcoming former obstacles, until to-day he has practically inherited the entire earth, managing and directing its affairs, in many ways, to his own likings. He is in copartnership with nature just so long as he obeys her laws, through his discovery and creation of means for advancing social health, mastering and utilizing nature's forces, together with her many other forms of life. Man's higher evolved sentient powers have given him tact and skill to accomplish his purposes.

This apparent selfishness and rivalry is not such in reality, for from the very inception of society there has been a growing effort to utilize all honorable measures to help others, and only as pure selfishness, for self alone, is banished from society can genuine social relations develop. There must be a genial temper of society. The greatest obstacle in association is the unsocial selfish nature of too many people, the possessing so little love for their fellowman.

We often hear it said, in a vulgar sense, of a city, town, or community, that it needs a few first-class funerals in order to arouse proper interest and enthusiasm adapted to the times. There is in fact much earnest truth in the utterance, for while possibly these persons have, in the past, been a power for good to the field in which they have lived and done business, it is not so any more, for now they have outlived their usefulness. Former methods of business, social relations and habits fitted their time, but now the situations and environments have changed, honorable competition continues, though ever differing, and they are not prepared, have not progressed, with a fitness for the world's evolved conditions of society. They are not capable of readjustment, and consequently are placed and left in the hazy background, all because "things arn't as they used to be."

While this is most humiliating, it seems to be the order of the day, that such *is* to be, and it is right that it is so, for without it there would

be no social evolution. The kaleidoscopic progress of the times is so rapid that to keep abreast with the adjustable social spirit of the progressive intellect of the age one must keep moving, or be left behind in life's struggles.

We should endeavor to cultivate influences for eliminating the selfish and unsocial element, both in self and in general society. The same pruning is needed for some races and nations of people. When a certain class of people reach the "has been" period in life, the world's doings to them are mostly wrong and disjointed, then society and all else about appear pessimistic, they can view little through the optimist's field of vision. The prevalence of an abundance of good that is in this world, to too many people, is rarely found, due to their own inherent selfishness. They have so very little charity for others' views. Social evolution to them is at a standstill or even retrograding, and the world is no doubt better off when they "shuffle off this mortal coil," or it would have been an advantage if they never had been born.

To epitomize the history of man's social evolution from his earliest existence to the present, it is plainly seen that he first conceived himself to be the least of all things that existed in the universe. He thought himself the child of chance and the freak of fortune, living only by suffering. But, as time rolled on he began to investigate, and found that he was one with nature, twin child with her elements and her offspring. On learning this he ceased to worship nature and began carefully to study her operations. When he found that he could trace out the workings of her laws, that he could guide and control her operations, so as to enhance his pleasure, he saw himself lifted above nature. He has continued in progression until he has reached his present standard, but is not yet satisfied for his desires are to continue in progression till perfection is reached if possible. Will he ever arrive at that climax?

The goal of social evolution is approaching just so fast as the arbitrary selfishness of mankind decreases, and all forms of learning, culture, refinement and charity increase in general society. The inhabitants of earth are surely moving on a broader plane, both individually and collectively, and the old Latin motto is positively more fully practiced: *In certis unitas, in dubiis libertas, in omnibus caritas*. In certain things unity, in doubtful things liberty, in all things charity. The belief is well founded that this is true, and that the English-speaking nations of the earth (modesty forbids saying United States of America) are leading in the culmination of this much hoped for ultimatum.

Although the Doctor's paper is quite complete in itself, we beg leave to supplement it with a few additional thoughts.

Society is unquestionably undergoing a process of evolution and

things are not as they have been, nor will they remain as they are. If progress was not inevitable from the inherent momentum of creation the spirit of restlessness and discontent with prevailing conditions would in itself be sufficient excuse for a united and continuous effort on the part of men and masses of men to secure their betterment. Society is dissatisfied with things as they are because the individuals who compose it are dissatisfied.

There is a very admirable essay written by Mrs. Van Rensselaer entitled "One Man Who Was Content." We do not know whether this sketch is historical or a fiction, probably the latter. But if it is historical it describes an exceptional individual, so exceptional indeed as to occupy an almost unique place in history. So far as our acquaintance goes he is quite solitary in his experience. As Dr. Buck has so aptly said, "Only the ignorant and foolish are happy in this world." To be sure, the ignorant and the foolish are not such uncommon creations as to be considered rarities in human existence, but the degrees of ignorance or foolishness necessary to insure abiding happiness are so extreme as to justify the statement that the "one man who was content" described by Mrs. Van Rensselaer is exceptional in the world's history. Let anyone think over the list of his friends and acquaintances and see if he can select a single happy individual from the entire number. Everyone perhaps experiences occasional moments in his voyage of life when the waters are calm and the sailing so smooth as to invite contentment; but the sea of life, like other oceans, is too treacherous and tempest-tossed for happy voyages, and sea-sickness and disaster are the common lot of us all. At times the cup of happiness for every one of us seems full to the brim, but such states are but transitory, and dregs sooner or later embitter every cup of life that is drunk to the bottom. Even in the case of the remarkable man described by Mrs. Van Rensselaer contentment was late in coming and was bought at a dear price.

No, humanity is not happy, is not content, but on the contrary is restless and dissatisfied with things as they are and is struggling, aspiring, climbing, and hoping for something better later on.

There is but one way in which contentment can be secured, and that is by the attainment of complete satisfaction, and there is but one way of invariably securing satisfaction, and that is to merely want what one can get. But who of us is so humble, so resigned, so Christ-like as to have completely surrendered, who of us has so perfectly attuned his will to the divine as to have secured for himself the abiding peace and serenity of soul implied in perpetual contentment?

So long, therefore, as our beds are uncomfortable will we steadily seek for better ones. So long as we have a hope that is not realized, a desire that is not satisfied, an ambition that is unattained, so long will

we struggle on, beckoned by hope or driven by fear, in the perpetual search for something better.

There is a substantial reason why things must be better. It lies in the fact that whatever is harmonious, good, or happy is constructive and tends toward perpetuity, and the opposite is destructive and tends toward abandonment and annihilation.

As the incidents and accidents of time, therefore, are sifting out the lives of men the fittest things will survive, while the mistakes and imperfections will naturally be buried in oblivion. Truth is eternal, error is mortal. Love lasts forever, hate is short-lived for it is self-destructive. A knowledge of this fact makes the confusion of things tolerable, for order is predestined. One can stand house-cleaning for the sake of its results, discomforts are readily borne, for they are but temporary, and injustice is its own executioner. One of the characteristics of malignant types of disease is the tendency to disintegration; and self-destruction and annihilation are stamped upon every type of human woe. In all forms of activity harmonies are substantial and lasting. Discords sooner or later pass away. Health is self-sustaining, while disease is self-destructive. There is a perspective to happiness which reaches out into the eternal, while misery is but a daub upon the canvas of time, formless, proportionless, and completely chaotic. Suffering is too uncomfortable to be an enduring condition.

The appearances of things will scarcely substantiate all these statements, for pain seems to dissipate pleasure, sickness seems to annihilate health, and death seems to mar life, just as darkness seems to have stifled light; but these seemings, like all else that has to do with physical forms, are but passing fancies, and when chaos seems to reign supreme it is only to effect its own destruction. The thing that dies is not life, it is merely the encumbrances to life's fuller expression. When discords reign, harmonies have but retired to loom up again, and when health has been eclipsed by any form of physical disorder it is not exterminated, only dimmed by a cloud that is passing. As surely as God reigns and law is ever supreme, just so sure does complete and perfect satisfaction await each and all of His children at the end of their journey. In the meantime is the process of evolution accomplishing this purpose for each and all of us. It is working in individuals, singly and collectively. Some are struggling in their first lessons of life, while others are further on in their studies. All of us have yet a considerable part of our journey before us. Our natural tendency is to censure those who are not so advanced as ourselves and to depreciate and misunderstand and misrepresent those who are further on. Only those who rank as classmates in the school of life, enjoying an equal grade of development, are perfectly congenial and thoroughly understood and appreciated by

each other. Most of the uncharitable criticisms in life are but school-day hazing sentiments—mere expressions of class against class. But it is all one school. We are all God's children, and if any of us are plucked at the final examination we can be sure of repeated trials until somewhere, somehow, our diplomas are well earned and we are fully graduated into the land of peace and contentment and happiness and satisfaction.

For this reason we beg leave to take issue with the essayist in one of his statements. We do not believe that "a few first-class funerals" are necessary for the evolution of any community; that is, if the essayist refers to the death of individuals. It is by no means necessary that the individual should die, but merely that the undesirable states in which he seemed to linger for a time should come to an end. What soul is there, indeed, that does not at times halt in his progress, experience periods in which he stands still or even retrogrades, while his fellows pass by, apparently outstripping him in the race. Animals that hibernate are not dying, but resting for another cycle of activity. It is much the same with stagnated men. After periods of growth they seem to stop and grow backward, or at least stand still for a time. But if they do not pass out in this state of stagnation, and life is still spared to them, sooner or later they again take on new forms of activity. Every individual is born alone, dies alone, and must live alone, and need feel little concern for the progress which his fellows are making. Of one thing he can be assured, that the only manner in which he can possibly be of any service to his kind is by his own personal progress in the direction of truth mastery. The world is wide enough for all men, and indeed it takes all kinds of men to make a world. In all garments the individual fibers are short and the garment is constructed by the over-lapping of the fibers. In just the same way is the great universal life made up of its individuals, whose lives not only interlace but overlap. The optimistic element of humanity would stumble into premature and precipitous action at every step of its progress if it were not perpetually held in check and steadied by pessimism. The negative forces of nature are as essential to wholesome activity and progress as are the positive elements.

No, do not let us covet the decease of any individual, for no man, not even all of the so-called "has-beens," can hold in check the rushing Niagara of evolutionary movement that is hurrying all mankind to its predestined godliness. The most that we condemn in our fellows are merely passing states of ill health, for which there is a cure. The rest is merely a period of recuperation, a husbanding of forces for an effort at increased attainment to be resumed in due course of time. It need not concern those who are still moving on, that those who are lag-

ging behind are folding their faculties for their final exit from earth or while suitable repairs are being inaugurated. All progress is obligatory, and the seconds of its time are ticked on into hours, days, weeks, months, years, decades, centuries, only as the pendulum swings both ways.

So let us analyze, if we must, the states and conditions of men, but not the men themselves. For as we ourselves have changed from what we have been and hope for still further change, may we not with tenderness and patience and compassion and charity grant others the same privilege which we ourselves claim and enjoy of alternately learning and unlearning, taking hold and letting go, endorsing and condemning, choosing and rejecting, smiling and frowning as seems to us best. We are not our brothers' keepers, and the most important step in human progress will have been taken when liberty of conscience and liberty of opinion and liberty of action are fully accorded to each and every one of our kinsmen. Let the "has-beens" linger and run their natural length of time unmolested. Remember that we have never yet seen any of our fellows, but simply observed the physical expressions of passing states in their evolution. We must discriminate between men and the states which they from time to time take on. No man has reached his possibilities of development in any existence that has not become the physical embodiment of everything which is considered desirable by us all. The further he is from this goal of life the more does he appeal to us for the exercise of our patience, our help, our charity. We do not need so much his taking off as his cure. Either of these results we can safely leave to time itself. Our personal evolution, and that of our associates in the various walks of life, is all that need concern us. The great universal law of like attracting like can furnish us with congenial and helpful associates, and when we outgrow our friends of to-day we can seek out others for to-morrow, for it will always be necessary to keep our friendships in constant repair.

Individual evolution is accomplished by rising out of our dead selves, and the evolution of society is accomplished by a similar process. But the decay, like the growth which comes out of it, is a natural process which is inevitable, requires no waiting for, and is perfectly independent of human endeavor, and should also be of human concern. Any crowding, any forcing, any sentiment of inhospitality toward things or creatures that are is neither desirable nor helpful, but rather unnecessary and meddlesome. The great principles of seed time and harvest, of cause and effect, are ever in active operation, and are adequate to the healthful evolution of men and societies of men. The human being who gives his exclusive attention to the evolution of his own soul is doing the most that lies in his power for the evolution of every society with which he is associated. It is by living up to one's highest in the daily

panorama of details as we perpetually face it that we do our kindest to humanity. When this practice becomes universal, it will be ample for all possibilities of growth, both individual and gregarious. It requires constant effort to achieve the habit of doing this, and life here is so short had we not better each one of us begin soon?

E. H. PRATT.

CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

39. A CASE IN PRACTICE. By U. G. Grigsby, M.D., Gilmore City, Iowa (*The Eclectic Medical Journal*).—On October 10th I was called to see Mrs. C., aged fifty-two years; found her suffering severe pain in shoulders, back, across the bowels and in the region of the bladder. The bladder was badly distended, which I soon relieved with the catheter, not having urinated for the past thirty-six hours. I then proceeded to examine the rectum, where I suspected trouble of some kind, and to my surprise found a very bad case of protruding piles, also a fissure extending two inches in length and one-eighth inch in depth. The sphincter being contracted down, it was necessary to anesthetize the patient to make a thorough examination. Urinary analysis gave sp. gravity 1025, with abundance of albumin. Temperature $97\frac{1}{2}$ degrees, respiration 22, pulse 110, irregular.

I concluded that all her pain and subnormal condition were reflex, coming from the rectal trouble, which, I explained to the husband, could only be removed by an operation. With his consent I instructed the nurse to prepare for operation on the following morning, but within five hours the lady became unconscious, and I was summoned again, only to find her in semicomatose condition; pulse 120, very weak, and respiration 16, irregular.

Treatment.—Gave hypodermic injections of strychnine, 1-30 grain every three hours. In sixteen hours she rallied, but very weak. I gave powerful diuretics, continuing the strychnine, with liquid diet. Three days later, assisted by Dr. Evans, anesthetized patient thoroughly, and cut away all protruding hemorrhoids, after which I used cautery to check bleeding; also cauterized the fissure, then placed hollow tube with sterilized gauze in the rectum for three days, when I removed the same by small injection of oil.

The patient rallied nicely, and had no pain after the operation. All traces of albumin disappeared from the urine, and the sp. gravity came down to 1020, and in ten days the patient was able to walk around. This case proves what great effect rectal diseases have upon the entire system.

It is interesting to note how much more attention is now given in medical journals to rectal diseases and their reflex manifestations than in those published a few years ago; and how incomplete is an examination of a patient with an obscure trouble unless the condition of the rectum be determined. How readily, then, would the symptoms in this case have been attributed to uremic poisoning. The large quantity of albumin in the urine, the rapid, weak pulse, the irregular respiration and the semicomatose condition were not symptoms that a few years ago would have suggested a rectal examination, nor would medical sentiment then have permitted an operation on such a case. About a dozen years ago we had a case of dysuria, in fact she could not urinate, but had to be catheterized. Her suffering was long-continued. Two physicians were called in counsel at different times without benefit to the patient; the second one advised to keep her easy while she lived by opiates. The usual subjective and objective examination was made, but no thought was given the rectum. Finally, we stumbled on to an examination of the rectum, found a few pockets and papillæ and re-

moved them without giving an anesthetic, it being such a slight operation. The result was an immediate relief of the trouble.

The readers of this journal know, from clinical experience, the far-reaching influence of rectal disease on the other parts of the body. So do many others of the general practitioners, from what they have seen, recognize the great importance of an irritation of that organ. They are speaking through the medical press just as clearly and positively as Dr. Grigsby. They are practical, hard-working men, most of them general practitioners, whose business success depends on not how well they can talk and wire-pull for position, but on the results obtained with their cases. They are mainly outside the great cities; nearly every case with them is a test case. It is under the observation of the entire community. Their professional reputation and skill is tried with it, and the people silently and independently base their conclusions, their verdict, on the results obtained. It is not strange, therefore, that this large, thoughtful and important class of physicians, who hold daily a clinic that numbers many thousand patients, speak through the press of their success with measures and principles that leaders have failed to recognize, or, if they have, only to condemn. The influence of but very few leaders is short-lived, scarcely a life time. They soon are respected for what they have done, and not for what they are doing. To-day there is scarcely a single physician so well established in the confidence of the practitioners of a half-dozen years' active work that his statements will be accepted without question and careful investigation.

Men hold temporary sway; principles are permanent in their supremacy over mankind. Would one retain the laurels already won he must cease to look at them, for the pedestal which supports them is character, which is broken down by self-laudation. The vast majority of mankind mentally move forward; those who are retrospective soon fall behind, are lost sight of and forgotten.

40. Dr. Bremer, of St. Louis, writes: "I go to the length of saying that gynecological treatment—unless imperatively demanded—of the unmarried female, is a crime. * * * Her moral tone, her manner of judging things, are altered and lowered with consciousness of there being even a shadow of a flaw on her virginity. * * * Those subtle qualities disappear which constitute the charm of girlish innocency."

If there is a crime with reference to examination of the female, it is in neglecting to examine the external genitals in childhood. Especially is this necessary of the clitoris. If such an examination were not made in childhood, then it is an inexcusable neglect of duty not to do so if the general health of the girl be impaired. We deprecate the habit of some physicians examining the sexual organs of every female patient as a matter of routine practice. But when there is good reason for so doing, it should be done or treatment refused. An imperative demand may have different meanings to physicians. To one it may mean that which is immediately required to save life when no other measure will answer, but to another an early precaution necessary to prevent a gradual impairment of recuperative forces and hinder the development of some insidious ailment. Both are honest and earnest in their efforts to benefit their patrons. The former belongs to a class of physicians who are satisfied during the early period of some slow developing disorder to make the patient feel better by the use of tonics, laxatives,

diuretics, together with proper hygienic surroundings. This course is all right if the causes are from without or constitutional, but not if the primary trouble is local, which it is frequently impossible to determine without a physical examination. No doubt there are those in both classes who go to extremes. We do not believe her moral tone or standard is lowered by a physical examination, neither is she any the less innocent because she has a knowledge of her condition learned in a perfectly proper manner.

41. A correspondent to the *Alkaloidal Clinic* advises the following local application for pruritus ani: Menthol gr. xv.; calomel $\overline{3}$ i; white vaseline, $\overline{3}$ i; mix and apply three times a day.

Leloir, in giving the causes of pruritus ani, says: "It is observed especially as a complication of various affections of the digestive tract or its adnexa, and of the various nervous diseases. It is found frequently among the gouty, the diabetic and those suffering from uremia and autotoxemia. Errors of diet may excite it; alcohol, coffee, tea and tobacco increase it. It may develop under the influence of divers local causes, such as hemorrhoids, fistulæ and fissures, strictures of the urethra, intestinal parasites." Dr. Leloir, therefore, believes that a very careful examination of the patient is necessary to obtain the greatest success in treating this very persistent and annoying affection. At the best, it is difficult to cure. The patient may often be relieved, but the recurrences are so frequent as to indicate that the trouble has not been eradicated. Especially should the urine be frequently examined.

The diet should be non-stimulating. Alcohol, tobacco, tea and coffee should not be used. The first two are always injurious in health, and in very few diseases are they beneficial.

The doctor quoted calls attention to many remedies, but especially to valerinate of ammonia, asafoetida, gelsemium and cannabis indica combined, taken at meal time, seven drops of gels and fifteen drops of cannabis. Tonics he frequently recommends; sometimes counter-irritation of the spine by iodine. He has seen no good effects from arsenic, but recommends many local applications. So many, that one feels that the selection of any one of them is mere guess work.

We have used often, locally, with success for temporary relief oil of cade combined with fluid vaseline, half dram of former to one ounce of latter.

The treatment of this annoying trouble requires that every organ be put in as efficient working order as possible, and that is true in the treatment of any disease. There has not yet been found any specific treatment for pruritus ani. Perhaps in many cases the cause of its production has been in existence so long that its removal is too late to effect a cure. The trouble is so annoying that palliative treatment is not to be neglected. In pruritus vulva, caladium internally has benefited some of our cases.

C. B. Kelsey gives the following for pruritus:

R	Menthol	$\overline{3}$ i
	Simple cerate	$\overline{3}$ ii
	Oil sweet almonds	$\overline{3}$ i
	Carbolic acid	$\overline{3}$ i
	Powdered zinc oxide	$\overline{3}$ ii

Mx.—To apply night and morning.

42. *The Alkaloidal Clinic*, surgical department in charge of Dr. Lanphear, has the following:

PROLAPSE OF RECTUM.—In a case of prolapse of rectum in a child one should always look for phimosis. If this be found and circumcision be performed soon after the appearance of the rectal prolapse, the latter will be cured in most instances without further surgical interference.

ENURESIS DUE TO PHIMOSIS.—Dr. W. E. Platt, of St. Johns, Arizona, writes to the "Surgical Department" for suggestions as to cure of "wetting the bed" by a boy of seven years who has received no benefit from the usual internal remedies. In reply, attention is directed to the fact that the most frequent cause of enuresis nocturna is a tight, adherent foreskin with retained, decomposing smegma. In every case of persistent, unconscious bed-wetting the penis should be carefully examined and the prepuce drawn back so that the entire corona glandis can be inspected. If adhesions are present (very common), they must be broken and prevented from reforming by daily washing and application of medicated vaseline (vaseline and calomel being good). If the orifice be too small to admit of retraction of the foreskin, it must be stretched until the glans can be readily exposed; or—best of all—the child should be circumcised, if the parents will consent. Moses was a good sanitarian, and one of his best laws was that making circumcision obligatory.

Be sure that the conditions of the foreskin exist that call for circumcision. If they do not and the operation be performed, it will be condemned because the patient will not be cured. Never injure the reputation of a curative measure by using it for cases to which it is not adapted. Many boys having enuresis have been circumcised for it without benefit.

Dr. H. T. Byford treats hemorrhoids by cutting them off and sews the raw edges together with silk worm gut sutures. The line of suture is diagonal or transverse. The ligature is abandoned in the operation. The bowels are moved at the end of forty-eight hours. The sutures are removed in two weeks.

The directions advised for the line of suture is a good one. Catgut forms good sutures, and need not be removed. Many cases require no sutures, because they do equally well without them. Many operators discontinued and condemned the ligature method long ago; it will ultimately not be used. The same will be true of the clamp and cautery method. They are used principally because of fear of hemorrhage. After a while some one will discover what is already known, that it is no more necessary to clamp a hemorrhoid before excising than to clamp a finger before amputating, nor to cauterize the tissue after removing a hemorrhoid than to cauterize the stump left from an amputation of an extremity.

Prof. Bartholow, in *Philadelphia Medical Record*, because of its success, advises the following plan of treatment for influenza: "At the beginning of the local inflammation, one-sixth of a grain of pilocarpin, adult dose, two or three hours before retiring. Usually one dose a night for two or three nights. On the second day, give duboisin 1-300 to 1-200 of a grain once or twice in twenty-four hours. For the depression that is so common a feature, give an official pill of iodide of iron every four hours. Also inhale volatile substances." He places first in the list pyridin two drops on a handkerchief, or ethyl bromide when convulsive cough is a symptom.

Homœopaths need not fear to use the pilocarpin. Dr. Bartholow says: "When an attack of influenza occurs, the initial symptoms are dryness and redness of the mucous membrane, soon followed by increased secre-

tion and general malaise." Of the pilocarpin he says: "The effects of this remedy, whilst on superficial view similar to the disease, nevertheless quite exactly antagonize it. Pilocarpin sets up a brief stage of dryness, immediately followed by increased secretion, and presently the mucous glands, the salivary and cutaneous sweat glands pour forth an abundant secretion. This similarity of action is truly an action of antagonism, for the morbid process and the action of the remedy contend in the tissues, and one or the other must yield."

44. SOLAR HEAT AS A CURATIVE AGENT.—It is doubtful if there was ever a time in the world's history when the bath in all its diverse forms occupied so large a share of public attention.

Just now it appears to be epidemic, and, although the popular taste seems to have run wild in this direction (so to speak), yet it is a hopeful sign to find people resorting to hygienic measures, however outre they may appear, in preference to drugs.

The choice of baths submitted for public approval seems practically limitless; there are the Russian, the Turkish, the medicated, the electric, the sea-salt, and sulphur varieties. Then there are all the natural hot springs that are claimed to have remedial value for bathers, down to the unsavory mud-bath. These are supplemented by the sand-bath, the air-bath, and last, but by no means least, the sun-bath.

This latter variety has never received the attention its merits deserve, from the therapeutic standpoint, although during the past few years it has made a steady and marked advance in public favor, so much so that many of the hotels at winter resorts have their piazzas glazed, that the invalid guests may enjoy the benefit of the sun's rays without exposure to the biting air.

It is astonishing how few people there are who properly estimate the hygienic value of the sun's rays. A valuable lesson on this point may be learned by observing the lower animals, none of whom ever neglect an opportunity to bask in the sun. And the nearer man approaches to his primitive condition, the more he is inclined to follow the example of the animals. It is a natural instinct, which civilization has partially destroyed in the human race.

The effect of sunshine is not merely thermal; its rays have chemical and electric functions. It is more than possible that sunshine produces vibrations and changes of particles in the deeper tissues of the body as effective as those of electricity. Many know by experience that the relief it affords to wearing pain, neuralgic and inflammatory, is more effective and lasting than that of any application whatever.

Those who have face-ache should prove it for themselves, sitting in a sunny window where the warmth falls full on the cheek.

For nervous debility and insomnia, the treatment, of all others, is rest in sunshine. There is no tonic like it—providing the good effects are not neutralized by ill-feeding. To restore a withered arm, a palsied or rheumatic limb, or to bring a case of nervous prostration up speedily, a most efficient part of the treatment would be to expose the limb or the person as many hours to direct sunlight as the day would afford. With weak lungs, let the sun fall full on the chest for hours. If internal tumor or ulceration is suspected, let the sun burn through the bare skin, directly on the point of disease, for hours daily. There will be no doubt left in the mind that there is a curative power in the chemical rays of the sun.

For the chilliness which causes blue hands and bad color, resort to the sun—let it almost blister the skin, and the circulation will answer the attraction. It is a finer stimulus than wine, electricity, or massage, and we are on the verge of great therapeutic discoveries concerning it.

Some years ago a London surgeon, by using the sun's rays (presumably with a lens), removed a wine mark from a lady's face, and destroyed a malignant growth in the same manner.

Says Dr. Thayer, of San Francisco: "During a practice of more than a quarter of a century, I have found no caustic or cautery to compare with solar heat in its beneficial results. Unlike other caustics, it can be applied

with safety on the most delicate tissues, and the system receives the treatment kindly. The irritation and inflammation following are surprisingly slight and of short duration, the pain subsiding immediately on removal of the lens. There is a curative power in the chemical rays of the sun yet unexplained."

Women especially need to make systematic trial of the sun's healing and rejuvenating rays. The woman who wants a cheek like a rose should pull her sofa pillows into the window, and let the sun blaze first on one cheek and then on the other, and she will gain a color warranted not to wash off.

But great as are the remedial virtues of solar heat, it must not be assumed that all the canons of health can be violated with impunity, and old Sol be called upon to set matters right—as a matter of course. Neither should the fact be lost sight of that in the majority of cases its action is purely supplemental, that the road to recovery must be paved by purification of the system.

We hold that there are three great curative agencies in nature, namely, water, sunlight, and air; which, united, form a trinity so powerful that disease can never successfully oppose them.

A sensible editorial, by Prof. Chas. A. Tyrrell, the editor of *Omega*, that is needed to remind doctors that they make a great mistake in not keeping prominent in their minds this great trinity of curative agents, not only curative but preventative. No treatment can be a success without them, and yet the sunlight is too often denied ingress to inhabited rooms. The experiment was tried in a large hospital of dividing the patients as nearly equal as possible: one-half of them were placed in south rooms, the other half in north rooms, all given the same careful treatment. Those on the south side made more rapid improvement, due, it was supposed, to the effect of sunlight in their rooms.

Sunlight is an antiseptic to a certain extent, for it is destructive to parasitic life. Mould cannot exist under its influence. Sickly as the tropical zone may be, it is much less so because of the long hot sunshiny days that help to neutralize the miasma that emanates from the damp-decaying vegetation. Some occupations are followed night and day; those working nights and sleeping days are not as well on an average as those who work days and sleep nights.

45. Dr. Pirnat uses the following prescription for otorrhœa:

Hydrogen peroxide	℥i
Glycerine pur	℥ii

Mx.—"Drop six to ten drops into the affected ear. Let it remain until effervescence ceases, then dry with borated or absorbent cotton, and finally introduce a pledget of absorbent cotton saturated with above solution. This process should be repeated twice or thrice daily."

Another physician advises the use of hydrogen peroxide to facilitate the removal of hardened cerumen from the ear. It is used in the ear for softening the wax, which is then easily washed out with syringe and water.

We know that many of the readers of this journal are specialists and that such items as the above do not come within the scope of their work, but we also know that it is not always possible to send a patient to the specialist under whose line of treatment his case properly belongs; hence our excuse for inserting in this department some useful measures not belonging to it, a knowledge of which will sometime be of great benefit to the patient and possibly avoid chagrin to the physician. We write from personal experience and think that of others may have been similar.

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THE LAST CLINIC OF THE COLLEGE YEAR, HELD AT
COOK COUNTY HOSPITAL, FEB. 23.

GENTLEMEN: Appreciating that the importance of a surgical clinic is enhanced by a report of the final results obtained by operative procedure, instead of occupying your attention this afternoon with a consideration of new clinical cases, I shall ask your attention to a number of the cases operated upon at the previous clinics of the course, that you may form a correct opinion of the value of the work which you have witnessed, and thereby ripen your surgical judgment.

Perhaps you will remember that at the first clinic of my service there appeared two desperate surgical cases that were presented to you that you might witness the process of intercellular transfusion and note its effects.

One case, as you will remember, was that of an old man who a few days previous to my service had sustained the operation of suprapubic cystotomy for chronic inflammation of the bladder. When he appeared before you his life was so far gone out that only by the most careful scrutiny of his respiration and circulation could the presence of even a flickering life be detected. His sclerotica were no longer sensitive to touch, no pulse could be detected at the wrist and only feebly in the carotid and femoral arteries, and it required a careful observation to detect respiration, the death pallor was on the face, the lower jaw dropped, and as far as physical indications could be relied upon, another half hour would in all probability terminate his earthly career.

A normal salt solution, namely, six grammes (31ss) of sodium chloride to each litre (33½ oz.) of distilled water, at a temperature of 110 deg., was injected into the areolar tissue over the pectoralis major muscle in the neighborhood of the nipple, until fully a pint had been

used, after which the needle was withdrawn and the same quantity was injected on the other side. The reason for selecting the pectoral region for the injection was from the close nervous association between the breasts and the sexual system. The stimulation of the breasts would be communicated to the pelvic organs, and through these to the pelvic, and thence to the abdominal brain, thus arousing in the most energetic way possible the vaso-motor influence, in the keeping of which lies mainly the issues of life and death. The case was, of course, a perfectly hopeless one, and the only object in bringing it before you was to demonstrate the power of intercellular transfusion to fan for a time the waning energies even of the dying. As you will remember, the immediate results of the transfusion were quite discernable. Before the process was completed the pulse could be detected at the wrist, the respirations were deeper and more regular, and the spark of life thus fanned was very evidently brightened. The man lived for several hours after the transfusion, demonstrating to the satisfaction of the internes of the hospital and myself that his life had been somewhat prolonged by the measure.

Had the collapsed condition of the patient been due to loss of blood, or shock, or some acute condition, this bridging over might have averted his taking off. But the serious nature of the bladder trouble itself marked it as a doomed case, and the only lesson in it for us was the demonstration of the possible efficacy, under better circumstances, of intercellular transfusion to defeat death of its intended victim.

The other case was one which had been operated upon forty-eight hours previously for intussusception of the bowels. He had come into the hospital three days previously, suffering from pernicious vomiting, and the effects of a protracted spree. The odor of the liquid matter ejected from the stomach conveyed the suggestion of its being stercoraceous, but as the man was evidently steeped in liquor, how much of the odor was due to bad beer and how much to regurgitation of fecal matter was difficult to determine, as no solid particles of fecal matter were observed. On the following morning, however, the evidence of intestinal obstruction was so pronounced that a celiotomy was determined upon. He was an old sufferer from inguinal hernia of the left side, but it was easily reducible, and only protruded after retching.

The incision was made in the median line below the umbilicus. The ileum lying in the left inguinal region was extremely distended with gas, which ended abruptly at a point where the intestine was strictured, twisted on itself, and slightly adhered as a result of recent inflammation. The intestine at this point was considerably inflamed. The adhesions were broken up and the point of stricture carefully examined. It was found to be fully an inch in length, and instead of

being caused by an hypertrophied condition of some one or more of the coats of the small intestine, was produced by atrophy. The caliber of the small intestine at this point was scarcely one-third of that in its immediate neighborhood both above and below, and the coats of the intestine at this point were extremely atrophied, so as to present scarcely one-fourth of the thickness of the adjacent intestine. Above it the intestine was ballooned by incarcerated gas. Below it the intestine was collapsed. There was not the slightest question as to the cause of the obstruction. He had had the hernia for about twenty-five years, and the point of atrophy undoubtedly marked the spot where the small intestine was habitually impinged upon by the muscular fibers which narrow the internal abdominal ring. This had caused the atrophy of the intestine. Vomiting from his debauch had perhaps thrown the intestine into an unusual position and caused it to bend acutely at the point of the atrophied inch, the gut being too weak at this point for its rhythmic peristalsis, intussusception took place, inflammation supervened, adhesions were formed, and the case became desperate.

In handling the intestines it was noticed that wherever they were touched their hue became so darkened as to suggest gangrene if any amount of manipulation was indulged in. For this reason it was deemed best to permit the stricture to remain uncorrected, trusting that the relief from correcting the twist would be sufficient to permit the gas to pass the strictured point, as it had evidently done for so many years, and save the man's life, reserving for another time, when his strength had returned, an operation for the relief of the stricture. Had this operation finally become necessary it might have been a case for Murphy's button, although what seems to be a happier solution of the problem I would like to suggest, and that is to split the gut longitudinally through the strictured portion, carrying the incision fully an inch into the healthier part of the intestine on either side. This wound is now closed by approximating its extremities, thus securing ample caliber for the intestine and at the same time avoiding severing the intestine in its continuity. I had been waiting for a good many years to try this suggestion, which came to me some years ago, and this was such a typical case that I had hoped that the long-expected opportunity had arrived. But it appears it was not so to be. The patient rallied from the operation satisfactorily, the vomiting was stopped, and convalescence seemed assured, when he began to show some symptoms of approaching delirium tremens. He became quite excitable, his pulse grew rapid, his temperature depressed, and his tongue red and fiery.

Desiring to stimulate his flagging energies as much as possible, that he might have strength to successfully combat this new difficulty which confronted him, he was brought before you and transfused after

the manner of the case just described. The effect of the transfusion was satisfactory. His pulse slowed down, his temperature, which before that was sub-normal, became more satisfactory, he was considerably quieter, and for a time the measure seemed effective. Twenty-four hours later, however, delirium supervened, his temperature became lowered, the pulse more rapid and feeble, and it became necessary to secure him in the horizontal position by a retaining sheet. He lived a few days, but later on died of delirium tremens. The vomiting did not return, showing that the intussusception of the bowels was completely corrected. The transfusion was not again employed. It had been ordered for him as often as was deemed necessary, but through a misunderstanding the order was not carried out.

These two cases, of course, we shall not have the pleasure of presenting to you to-day, but it was proper for you to know how they came out.

A large and selected number of the other clinical cases are in the ante-room, all ready to appear before you. Let us first call for some cases of amputation, enough to illustrate some important surgical points in amputations; then consider some of the interesting cases of abscess which have appeared before you, and finally close the afternoon session with two very interesting cases in which orificial measures alone were employed.

The first case to which I would call your attention is a thigh amputation, at the junction of the middle and lower thirds, which you witnessed some weeks ago. It was for tuberculosis of the knee and ankle joints. It was an antero-posterior flap amputation, accomplished by the transfixion method, hemorrhage being secured at the time by constriction of the middle of the thigh with a stout rubber band, carefully padded with gauze to prevent the rupture of muscular fibers and the too severe choking of the integument. Sufficient periosteum was peeled back to completely cover the severed end of the bone, which was accomplished by catgut sutures. Catgut sutures also coapted the opposing muscles, and also the integumentary wound, the latter being secured by both interrupted and continued suturing, so as to secure an accurate coaptation of the severed margin of the skin.

This case was phenomenal in that subsequently the patient suffered neither pain, rise of temperature, nor the slightest trace of suppuration. She was out of bed on crutches—not by permission, however—in six days after the amputation. Notwithstanding her carelessness and disobedience, no harm resulted, and the beautiful well-rounded stump, neither too long nor too short, but just right for an artificial limb, testifies to her wonderful healing power. It testifies to another thing, also, and that is the silent compliment which it involves for the method

of treating and closing the stump. In the early history of what is known as modern surgery, the antiseptic treatment of wounds was deemed all important. Later on, in the hands of a large number of able surgeons, the antiseptic procedures were exchanged for those of asepsis, and aseptic surgery has now perhaps as good or better record than the antiseptic. I do not refer to the methods of preparing a field for operation or to methods of sterilizing instruments and persons, but have reference only to applications made directly to the wound itself. I am satisfied that much of the bad record made by the antiseptic method of treating fresh wounds was due to the fact that materials were employed of sufficient strength not only for the destruction of germs, but also for the destruction of tissue. In illustration of this is the fact that one of the most ardent adherents of antiseptic surgery within my acquaintance has but recently closed a public hospital service without having to his credit a single clean case. Every possible precaution was taken by the operator and his assistants, according to the most approved antiseptic methods, but before closing each wound a solution of bichloride of mercury in the strength of 1-500 was employed over the wounded surface. This powerful application undoubtedly discouraged the germs, but it also resulted in the appearance of suppuration in every single case which came under his care, without exception.

Now during the service which you have witnessed here, all clean wounds, before being closed, have been treated to fomentations of bichloride of mercury at a temperature of 110 deg., but the mercurial solution, instead of being 1-500, was made 1-5000. The result has been that I have had the honor of recording for the hospital a service of exceptional cleanness so far as the presence of suppuration is concerned. I am speaking, of course, of what is known as clean cases, this thigh amputation being an illustration.

The next case was an amputation of the shoulder joint. This was not a clinical case, because it was a case brought in during the week and immediate action was required, as the condition which necessitated the amputation was the result of a crushed injury by cog-wheels, and the man was in a critical condition from shock and loss of blood. The arm was terribly mangled as far as the surgical neck of the humerus, and all the soft parts reduced to mince-meat. Although the man at first refused to have the arm amputated, saying he would rather die, he went to sleep with the understanding that the surgeon's judgment should prevail. The amputation of the thigh in the case just dismissed was accomplished by the transfixion method and the hemorrhage was secured by a large rubber ligature. This shoulder joint amputation was made with common bistoury, and no precautions whatever were taken against hemorrhage. There were two reasons for this; one was that pres-

sure would be difficult of application, the only point at which it could be accomplished being in the third portion of the subclavian artery, and the other reason was that the compression of the artery would have added to an already severe shock and still further prejudiced the man's chance for recovery. The patient was a vigorous man in the prime of life, and if he could be tided through the operation with safety his chances for recovery were favorable. The destruction of tissues left no choice in the selection of the flaps, as only by making use of upper and lower flaps could enough tissue be secured to produce a satisfactory stump. The flaps were outlined with an ordinary scalpel and the tissues gradually severed with the same knife, first on top, and then on the dorsal aspect, and then below, until the shoulder joint was exposed. The capsular ligament was then severed, and there remained to be dealt with only the tissues in front of the shoulder. These consisted of the brachial artery, with its accompanying veins, and the numerous and large nerve trunks passing from the brachial plexus to the upper extremity. By careful dissection the veins and brachial artery were now isolated and first ligated with catgut and then severed. The limb was now removed and the two or three hemorrhagic points in the muscular tissue were secured with ligature and the stump was carefully examined. A part of the amputation had been made through torn muscular tissue. The skin of the flaps was badly bruised and lacerated, and it seemed inevitable that it must ultimately slough away, leaving a shoulder joint exposed to view, to be covered later by skin graft. But no other course was possible, because it was impossible to tell how seriously the integument was bruised, how much of it would slough, and if more were amputated it would be impossible to close the wound. So it was necessary to take greater chances of the flaps returning to vitality than would be taken under other circumstances. There is one surgical position which I took some years ago, and which I have felt necessary to abandon, and it is the only apology which I feel is due the profession for any surgical opinion or procedure of any kind whatsoever to which I have ever had the honor of calling their attention. I desire to make that apology now. My former position was this: I preferred to make no use of water at any time during an operation, preferring that the parts be bathed in blood rather than have this nutritive material washed away and the tissues enervated by a soaking from any form of aqueous solution. Subsequent study and observation, however, convinced me that the small blood clots which were left in the tissues, while they might possibly act as local feeding for the lips of the wound, at the same time were pabulum for stray germs that were likely to escape the vigilance of the surgeon, and that the better practice was to make plentiful use of sterilized water at sufficient intervals during

the operation, and of fomentations at a temperature of 108 or 110 deg. of bichloride solution, in the strength of 1-5000, to the surface of the wound immediately preceding its closure. In this way all small clots were removed from the tissues, the wound received the benefit of a stimulation from the heat, and stray germs would receive a sufficient dose of bichloride to discourage colonization. This case was therefore treated as all the others which will be presented to you this afternoon, by fomentations. After the amputation had been accomplished, the blood vessels secured against hemorrhage, and the flaps had been carefully adapted for adjustment, the nerves being severed high in the tissues, large abdominal sponges made of cheese cloth were wrung out of bichloride solution, thoroughly packed in the bottom of the wound, and the flaps held down over them tightly for perhaps thirty seconds. The fomentations were then removed and first the muscles and then the integument carefully sutured. The line of amputation was then freely sprinkled with iodoform, and the bandages applied. At the conclusion of the operation this man was pulseless at the wrist and in such a critical condition that a fatal result was anticipated. Transfusion was practiced upon him, however, after the manner witnessed in the two fatal cases which we have but just described. He was also given a hypodermic of $\frac{1}{4}$ grain of morphine and several hypodermics of 1-50 of a grain of strychnia at hour intervals. The honor of his reaction will have to be divided between the intercellular transfusion, hypodermics, and his own good constitution. Of all the measures, however, the only one which produced immediate effects was the transfusion. For this reason we are assured that part of the man's convalescence was due to this measure. The singular part of this man's case lies in the fact that although the skin flaps were badly bruised and scratched up and the amputation of the muscular fibers were made through points where the fibers had been torn apart by the violence of the injury, no kind of sloughing or suppuration supervened. At the lower part, where the flaps especially were badly bruised, a small abscess was formed, which necessitated the parting of the lips of the wound at a single point. This abscess was undoubtedly due to the decay of crushed tissue, which had been unavoidably preserved in the wound. The lips of the wound healed by first intention, and the man's convalescence was uneventful, and the stump as presented, as you see, is simply an ideal one.

The machinery which crushed this man's arm was a cog-wheel, so that as it progressed across the arm the tissues were gripped firmly by the cogs becoming imbedded in the soft parts, thus preventing the twist and laceration of the adjacent tissue so universally seen where the crushing has been done by wheels which have no cogs in them.

You can accept this explanation for what it is worth, the fact of the case being that in this particular instance there were no sloughing flaps. The man has had little pain, but a trace of fever, and has convalesced with marvelous rapidity. There must be a difference in the amount of injury inflicted upon the tissues in proximity to the point of impact between crushing injuries caused by car wheels and those produced by cog-wheels. I have been on public service as attending surgeon in this hospital for between ten and fifteen years, and crushed injuries have been a matter of frequent occurrence during the entire time, and my private experience with crushed injuries has also been extensive, but I am unable to recall a single case where an effort was made to preserve flaps bruised in a crushed injury produced by car wheels in which there has not been a more or less extensive subsequent local gangrene and sloughing of the flaps. I can think of but one satisfactory explanation of the fact that the flaps in this case did not slough, and that is that there must be a difference in the amount of injury inflicted upon the tissues in proximity to the point of impact between crushing injuries caused by car wheels and those produced by cog-wheels.

I now have the pleasure of showing you two other amputations from crushed injuries which were produced by wheels without cogs, the results being so different and the cases coming in such juxtaposition, suggested the explanation which I have already given you for the difference in the behavior of flaps. The young lad who now appears before you was brought into the hospital with his foot crushed by a street car wheel, involving no more of the foot than the first row of the tarsal bones. The integument, muscles, and tissues about the heel and ankle were so badly twisted and torn that no proper covering for the stump could be secured unless the limb was amputated just above the ankle. As much care was taken in the amputation as in that of the thigh amputation you have just seen. The periosteum was peeled from the tibia and fibula for about an inch, the bones were sawed off, the periosteum stitched down over the severed end of the bones, the deep fascia was then coapted, and a nice clean flap was properly adjusted and closed over the stump. The bichloride fomentations were used as in the other cases, but what is the result? Notwithstanding the fact that the amputation was made fully six inches above the point of injury, the flaps, areolar tissue and muscles of this boy's leg sloughed to such an extent that for a number of days after the slough came away the bones protruded below the wound for at least a quarter of an inch. Although the wound has been granulating for a couple of weeks, you can still see that the bone extends beyond the rest of the wound. The ends of the bone are covered with the

red granulations and the parts are filling in so rapidly that in time the entire stump will be covered and skinned over by nature's own efforts, unaided by skin grafting. The ecchymosis extended at various points along the leg as far as the knee for some weeks after the amputation, showing that the soft parts had been lacerated by the accident far above the point of direct injury.

As a wooden foot will not impinge upon the end of the stump, it is not necessary that the bone should be covered by a layer of skin, scar tissue being equally satisfactory. For this reason re-amputation is not called for. There being no injury to the bone at this point, no sloughing of the bone tissue itself will take place. Therefore, the present treatment of the case, which consists in merely keeping the wound clean with antiseptic dressings, will be continued until granulation and cicatrization is complete. The case was brought in as a contrast to the shoulder amputation, the flaps in that case being bruised equally to all outward appearances to those in the present case. This boy had also the advantage of youth in his favor and should have healed even better than the case of the man under similar circumstances. But the results are so opposite as to suggest a difference in the nature of the injury produced by wheels which have cogs and those which have not.

The next case illustrates the same point. This man was received in the hospital for a crushed injury to the foot by a street car, quite similar to the injury which the young boy just dismissed sustained. The surgeon who preceded me on the hospital service thought best to make an effort to save part of the man's foot, and so dressed the wound, awaiting the advent of gangrene and a line of demarcation to define for him the proper point for subsequent amputation. Doctors will differ, and this is a case of it. I should consider such practice safe and advisable in the case of death in an extremity from frost bite, but extremely hazardous to life and without proper justification in the case of destruction of a part in a car accident.

It was a week after his introduction to the hospital that I had the pleasure of presenting him before you as a clinical case. The foot was swollen and painful, and red streaks, suspicious of impending sepsis, streaked up the limb. The man's temperature was high and his pulse excited. I regarded him as in a critical condition. Before taking the anesthetic he had given implicit instructions that his foot should not be amputated, but simply dressed. Realizing the responsibility of the case, I sent for the warden of the hospital, refused to have anything to do with the case except upon the warden's assuming the responsibility of the case. As the warden was not accessible, however, as you will remember, some pieces of dead bone were removed from the

foot, it was thoroughly tubed, and every precaution taken to subdue the inflammation, which was rapidly supervening. When the man waked from the anesthetic and learned my opinion of his chances for life and emphatic statement that the limb should be amputated, he then gave his consent, and two days later Dr. Kahlke, who kindly gave me a day's service as a substitute, at the man's request removed the foot. As a matter of safety the doctor removed the leg as high as the junction of the upper and middle thirds, closing the stump by flaps healthy in appearance. But even in this case, as you see, the flaps have sloughed and left the lower extremity of the bone exposed. The man's general condition, however, is good, the granulations are healthy, and a secondary amputation will not be required.

This case emphasizes the serious destruction of tissues far above the point of impact, which is prone to occur in crushing wounds produced by car wheels.

Two more cases of amputation as a contrast to those just presented will suffice for cases illustrating the points which we have been trying to make concerning amputation.

The first of these cases is one of amputation of the fingers of both hands for frost-bite. When the man appeared in the hospital, death in the fingers had already begun. As the parts were much swollen, fomentations were employed to allay the inflammation. Although the fingers were of a dusky hue, they were not yet black, and the line of demarcation had not yet been made. After the inflammation was subdued by the fomentations and internal medication, the hands were dressed dry, until finally there was a sharp outline between tissues that were flesh-colored and those which were jet black. The fingers were then amputated at the middle of the first phalanx with one exception, and that was the ring finger of the right hand. The nerve of this finger had been injured by a former accident, so that the circulation was poorer than in its fellows, so that more of the finger was destroyed, the line of demarcation extending as far up as the knuckle. A small abscess had also formed about the metacarpal bone of the middle finger in the palm of the hand and had been lanced. The man's general condition was good. The reason that this case is brought before you is to help you discriminate between cases in which you can see a line of demarcation where amputation is required for the death of a member, and those in which it is necessary to wait. This case of frost-bite is typical, and I believe he will never regret waiting for the definite line where death and life meet in the tissues to be defined by natural process. The case of railroad injury was also typical, and I believe you will always come to grief by waiting in such cases for a similar line of demarcation. There is little danger of saving too little

tissue in railroad injuries. There is great danger in attempting to save too much. The reason that I have selected this particular case is to illustrate a practical point in work upon the human hand. This man is a day laborer, and in handling instruments the width of the hand is a matter of extreme importance. Now, in amputating the ring finger the question is with this line of demarcation located at the knuckle, with the abscess on the inside of the metacarpal bone, shall we remove the head of the metacarpal bone and part of the shaft, and thus secure an ample amount of normal tissue with which to cover the stump, or shall we attempt to save the entire metacarpal bone, although we could not obtain sufficient flaps to completely cover the end of the bone? The former proceeding would narrow the man's hand, the latter if it succeeded would preserve its width. The latter course was adopted. The finger was amputated at the joint and the head of the metacarpal bone was left undisturbed. The flaps were stretched over the bones as much as possible, although it was a certainty that the stitches would cut through the soft parts and permit the bone to protrude in a few days. And this is exactly what did happen. Nevertheless, as you see, although granulations have supplemented the surgeon's work so admirably that the head of the bone is nicely covered, the soundness of his surgical judgment, which succeeded in preserving the width of the hand, is confirmed.

The next and last amputation to which I will call your attention illustrates the same point, only this time upon the foot. This man's big toe was frozen to death, and the line of demarcation in the soft parts was directly opposite the joint. In removing the toe the head of the first metatarsal bone could not be sufficiently covered by the flaps. But the removal of the head of the metatarsal bone insures a decided limp in the gait, and it should never be practiced unless absolutely necessary. In this case, as in the case of the metacarpal bone in the ring finger just mentioned, it proved unnecessary. The head of the bone was finally covered by granulations, as you see, and the stump was rounded out, healing by cicatrization; and although the bone itself is not protected by the integument the man will suffer no inconvenience from this fact, but will have the advantage of his usual fulcrum in walking.

We will now ask your attention to a few interesting cases of abscess which you have had the pleasure of meeting before, and I am sure will be glad to consider a second time, reserving the part which orificial surgery has had to play in the clinic until the last.

E. H. PRATT.

(To be Continued.)



Case 2.—In the same month, September, came to my office a woman who reported as follows concerning a young sister :

B is nineteen; was a strong, healthy, smart child. Menstruated first at thirteen, and after that seemed less inclined to study, and showed violent outbreaks of temper. She had been quick at figures, and inherited from her father a very frugal nature, so that her little bank was always full of pennies and she could seldom be coaxed by her play-mates to spend any for gum or candy. The family history, so far as could be learned, is free from any taint of hysteria, epilepsy or insanity. After fourteen the child began to lag behind in school studies, to withdraw herself from her friends, and her moods alternately were wildly gay or pitifully melancholy. She also began to spend money recklessly and foolishly, and even stole from her sisters and parents. Remonstrated with, she became violent and tore her clothes and broke things about the room.

By accident it was discovered she was guilty of masturbation, and as she was losing modesty and could not be kept at home, her family sent her to a private asylum, where she was subjected to the usual routine of bromides, cathartics, and tonics for seven months, when money gave out, and I was appealed to for advice.

After careful consultation with men of scholarly attainment, it was decided that the best thing was, if possible, to remove the cause, and as masturbation was evidently a factor, a surgical operation was needed; this was advised, and the patient was taken to the Temperance Hospital one Saturday at midnight. She rode thither in a patrol wagon, with two policemen and her mandolin.

Under an anesthetic a very careful examination was made. There was discovered, as might have been expected, an endometritis with cervicitis. The vulva was in a state of irritation, the vagina dilated, hymen destroyed. The clitoris was closely bound down, and all the parts around it very much inflamed. A thorough curetting and dilatation was done. All ragged bits cut off from the vaginal walls, the clitoris unhooded and tissue stitched in place, so as to leave the gland free. The rectum cleaned of piles, pockets, papillæ, and after forty-eight hours the patient seemed rational. The surgeon, Dr. William M. Thompson, and I visited the patient daily. She had careful nursing and watching; she professed penitence and made good resolutions. At the end of two weeks the parts were healed. Orders were given for future hygienic treatment and the girl was sent home.

In less than one month she was adjudged insane, and is now at Elgin. The bad habit was resumed, and it does not take a prophet to foretell the end.

Disappointment second.

Case 3.—Of this I can say the end is not yet, for the parents are people of wealth, and my patient is now at a hospital in the East, where heroic measures are being used in the hope that health, mental and physical, may be restored.

This girl was sent to boarding school at an early age, and from her schoolmates learned to manipulate the genitals, and at seventeen was a confirmed masturbator. As in Case 2, the family history was good, the general health perfect. When mental peculiarities first manifested themselves they were ascribed to nervous prostration, and travel in Europe was ordered. A year of change of scene and diversion did no good. Her condition was becoming alarming, for she was often furious, attacking friends, and breaking articles in the room. She, too, was sent to a private asylum with a special nurse. She, too, had the routine treatment of bromides, tonics, and cathartics, and all to no purpose. The characteristic bromide eruption disfigured her face, and when not stupefied by the drug, the girl was utterly unmanageable.

She came under my care. Dr. Leavitt agreed with me that the only thing to do was to make an examination of the genitalia and operate if cause was found.

In this case the ovaries and uterus were normal, except that the os was "pinhole," the clitoris was covered and the external parts red and raw. We decided upon the operation, dilating orifices and unhooding the clitoris. In this case the patient was entirely sane for over two months, had periods of restlessness the third month, and was fairly mad the fourth. She was at a sanitarium from the second week after the operation. Had a special nurse; was under the most careful medical attention, and yet this case was a disappointment.

I am informed that the surgeon who now has her in charge has removed the clitoris and all erectile tissue and applies some caustic to the wound in order to keep the parts sore and to prevent the patient masturbating. The surgeon writes me that it may take a year of this treatment to restore the patient to a sound mind.

When the year is over I'll make a postscript to this report; meanwhile it is still labeled in my book, A Disappointment.

SOME ORIFICIAL CASES.

F. W. M'CANON, M.D.

CLEARFIELD, IOWA.

Case 1.—Hysteria, making it almost impossible for anyone to live in the same house with the patient. I amputated hood of clitoris and left nymphæ, and now, like the Dutchman's wife, "anybody can live with her."

Case 2.—Indigestion (chronic). After considerable talk, was permitted to operate on rectum, and removed one large, collapsed pile tumor, and one pocket surmounted with a large papula, like a thorn. Gave no medicine, but cured the indigestion.

Case 3.—Incontinence of urine in a lady of eighteen. Broke up adhesions to hood of clitoris, and cure was effected. Considering that I know nothing about these methods save what I have learned in the last five months, reading your little book and JOURNAL, I feel gratified.

Case 4.—Rev. — came into my office, saying he was suffering with severe cramps in stomach and bowels. He wanted me to use his stomach pump for him; said that was the only way he could get relief. I found his hands cold (said his feet were cold), and his face was bloodless. After talking with him a few minutes I told him to get upon my table and I would stop his pain in a few minutes. He objected at first, but, being assured that he would not be hurt or injured, he complied with my request. Taking a bi-valve, I slowly but thoroughly dilated his rectum. The man got off the table with his hands and feet warmed and in a glow of perspiration, and smilingly said: "My pain is all gone, and I feel fine." Not living in my town, it was not convenient for him to place himself for treatment, so induced him to invest in a set of Weirick dilators. A letter from him later says that he is improving very much; constipation gone, no more "cramps," appetite and digestion good.

Case 5.—During the summer F. D——, age twenty-six, single, farmer, applied to me for medicine; said he was listless, no ambition, night losses, almost constant erection (especially on **sight of women**), constipation, poor appetite, indigestion, etc. I advised orificial work, which was done last December. First I removed a large, long, thickened, and roomy foreskin. Clipped the frenum; then dilated rectum and removed two large papillæ on front of rectum **next to prostate gland**, and one large pocket and papule from back part of rectum—pocket amounted almost to "blind" fistula. Result: When he comes to my office now, instead of coming in as though he was not certain of his business, he comes in as though he owned half the world and wanted to buy the other half; says his constipation is gone, digestion and appe-

tite good, sleeps well, no more emissions, has control almost entirely of erections, and thinks himself a man. The wound in foreskin healed by first intention, except a piece about three-eighths of an inch long, on right side, which has left a hard scar; this worries him some, and I hardly know what to tell him as to the outcome. Have said I believed it would soften up and be all right in the course of time. Somebody tell me what to look for.

Case 6.—I must now report one apparent (to the laity) failure. Baby S——, age thirteen days, male; parents, farmers, and healthy, except that both father and mother are “squint-eyed.” Was taken with a spasm. Saw child next day; diagnosis, pneumonia of upper lobe of right lung. Prescribed usual remedies. Child seemed to do well up to the fifth day, when it began again to have spasms. It would stop breathing and lie quietly for a few minutes, become cyanosed, then gradually go into an opisthotonic condition, rotating the head to the left; remaining this way a few seconds, would suddenly relax, with a combined scream and coughing spell, remaining quiet and breathing naturally sometimes for hours. I suggested orificial work, but was not appreciated, the parents being not the most intelligent, but next day, at my urgent request, they turned the child—apparently dead and cyanosed—over to me. I found a pinhole opening, long prepuce. With a small probe and my fingers I effected some dilatation, then with dressing forceps still more, and retracted prepuce to find it adhered to glans nearly to the meatus. This was broken up, and a small amount of smegma removed. I then split foreskin on dorsal or upper side, and dressed with cotton and bovine, intending to circumcise later on when child recovered. Child was bright, had a good color. Eyes open and apparently well, and had made but little fuss while the work was being done. Had two more light spasms during next twenty-four hours, at which time I again retracted prepuce to break up adhesion. This was done each day for four days, each time reviving child. Wound healed without suppuration, but on fourth day after operation pneumonia developed in other parts of the lung. Had directed parents to retract foresin, and if necessary to dilate rectum to keep up breathing until I could see the child. They living in the country, I was unable to see it the morning following, and it died about noon. Believe the child could have been saved with proper nursing. It was taking bovine one part, water four parts, a teaspoonful every hour, and was nursing before crisis. Why did I not circumcise at once? **Fact is, I never had** seen a case circumcised, save the one reported above, which I did myself.

Case 7.—Early in December was consulted by Mr. M—— in regard to his daughter, aged twelve; poorly developed, anemic, weak eyes, spasmodic contraction—involuntary and uncontrollable—of nearly all



was a prisoner in "Libby," and had been gradually growing worse until the time he called upon me in October, 1896.

The tumors were very large, protruding at each bowel movement, and also whenever he became over-tired. The loss of blood at times was very severe. The soreness was so great that I could not examine the bowel satisfactorily without an anesthetic. Having consented to an operation, he was taken to the hospital. Under chloroform the sphincters were dilated, three papillæ cut off, and five piles removed by excision, also the edges of an ulcer on the posterior wall of the rectum trimmed off and its base curetted.

In two weeks he left the hospital, and in six weeks returned to his business (merchant). Says that he feels better now than in twenty years before.

Case 3.—Mr. Y., aged twenty-six, carpenter, had been annoyed with nocturnal emissions for ten years, and was in a very nervous condition, as he had been badly frightened by an advertising doctor. Circumcision and the removal of three rectal pockets, and the dilatation of a too tight sphincter, coupled with some good advice, started him on the road to health, and in about four months he was again the picture of health.

It seems strange that at this day, when so much has been said and written about reflexes, that physicians still make the mistake of trying to cure diseases with medicine that can only be cured with the knife.

Case 4.—Blacksmith, aged thirty-five, had a large external thrombotic pile, which caused great pain, and the only comfort he had was while in a recumbent position. After injecting into the pile ten drops of a 4 per cent solution of cocaine, I made a free incision, turned the clot out, and mopped the cavity with pure carbolic acid, then dusted with iodoform and orthoform equal parts, and packed the cavity with gauze, applied a pad of absorbent cotton, held in place by a T-bandage. This dressing was not disturbed for twenty-four hours, when it was removed and parts douched with hot sterilized water, dusted with iodoform and a light dressing applied. In one week the parts were in a normal condition.

Case 5.—Mr. C., aged thirty-three, for fifteen years had suffered with internal piles, which protruded at nearly every bowel movement, and would not return within the bowel of their own accord, but must be pushed back each time. From the loss of blood, and the effect upon the nervous system, he was in a very bad condition. Constipation so severe that he would often go one week without having a bowel movement.

Under chloroform the sphincters were dilated, and five internal piles

excised, and two small papillæ snipped off. After all cases of excision of internal piles, it is my custom to control the bleeding by applying gauze sponges wrung out of hot water, and when the bleeding has been controlled, to dust the parts with iodoform, and pack the bowel tightly with gauze, then apply a pad of absorbent cotton, held in place by a T-bandage. If the patient does not suffer too much from this dressing in the bowel it is not removed for twenty-four hours; but in case it causes much distress, it is removed in six or eight hours, as I think the danger from hemorrhage has passed by that time. It has now been eight years since treatment, and the patient has not had any return of the trouble.

I wish to add a few words of praise of the local anesthetic, orthoform. I have used it in a number of cases of irritable anal fissure, also after incision of rectal abscesses and excision of both external and internal piles, with the greatest satisfaction. It will anesthetize the parts for hours on account of its slow and slight solubility, and is not in the least irritating, and its use seems to be free from all danger. It can be used either in powder, ointment, or suppository.

EPISIOTOMY.

C. F. STOUGH, M.D.

ALBION, N. Y.

It has been the writer's custom when taking the history of ladies who have borne children to question them concerning pelvic disorder, whether the case was one directly pointing to such trouble or not.

The great frequency of gynecic disorder among mothers has been a source of much thought and at the same time wonder why this should be the case. Scarcely one would give a clean history—back-aches, various and sundry pains, "bearing down" sensations, vesical irritation, hemorrhoids, in fact every possible and conceivable disorder of function and sensation referable to that region has been elicited. In a large proportion of the cases objective signs were given; discharges and displacements were complained of; and these among women who considered themselves well.

Examination of numbers of these cases in nearly every instance, revealed cervical, vaginal or perineal tears, or all these combined. Rectocele, cystocele, and some degree of "sagging" or prolapse of the entire pelvic contents were almost invariably observed. The large gaping introitus vaginae showed at once a prime cause for their symptoms.

Without touching on the underlying causes why modern mothers

must have so many vicissitudes and suffer such an extreme degree of permanent dilatation, and leaving the treatment of the same when the harm is done unspoken about, we believe a large proportion of these "necessary" lacerations may be prevented.

Several conditions determine the presence or absence of perineal laceration. On the maternal side are the size and conformity of the pelvis; the size and distensibility of the outlet; the presence or absence of disease, deformity or malformation, and the strength of uterine contractions. On the part of the child are the size and position of the presenting part and the compressibility of the same; e. g., a head that is incompressible and is thereby larger than the dilatability of the outlet, can only be born by injury to either the head or the outlet. A persistent posterior occipital position of any but the smallest head or largest (torn) outlet must of necessity produce extensive laceration. Many normal labors, because of undue force of uterine contractions, thereby allowing insufficient time for distension of the perineum, produce lacerations. One of our duties as obstetricians is to be constantly on our guard to recognize an inevitable laceration.

The majority of tears of the pelvic floor occur between the posterior commissure and the anus, with occasionally a branching to one side or both of the sphincter. It is in this situation that our Allwise Maker has placed the fibrous and muscular wedge, the support or keystone of the pelvic floor. Injure this and the perineum ceases its perfect function.

The sphincter ani and the perineal muscles meet at the central point of the perineum, situated posterior to the commissure. They act as supports or stays to the wedge from the sides. Arising from each side of the pelvis and converging, like two inverted fans, toward the anus and perineum are the levator ani muscles. These support the wedge from above by a part of their fibers. Covering the muscles are the strong fascial sheaths which furnish so much of the strength of the perineum. These, all, are placed posterior to the fossa navicularis, while anterior to that point nature has intentionally left the support weak. Nothing save the sphincter vaginæ muscle and a thin layer of fascia give it support. In this intentionally weakened situation, the greater part of the dilatation of the outlet occurs.

The purpose of this paper is to produce a more general recognition of a very simple operation which in this country is seldom used—an operation for the prevention of the muscular and fascial tears of the perineum which causes the dragging of the pelvic organs.

Episiotomy has been performed for many years. The name was given to it as long as a century ago. It has been done in every possible manner, many times, to simply cause a clean incised wound in preference to the ragged sloughing tears which a perineum left to itself often

suffers. Of all methods, one, alone, is desirable. On each side of the vagina, one-third the distance from the posterior to the anterior commissure, is the proper position for the incision, which should be made on an average one-fourth inch in depth, and at least one inch in length. The most important point in making the incision is the *direction*. Many times it is made parallel to the axis of vagina. This is faulty. The correct direction for the incision is parallel to the axis of the body. This incision divides no muscle of importance (save the sphincter vaginae), and no fascia. No large blood vessels are severed, and even if they were our wound is clean, straight, and in a position where any hemorrhage could immediately be checked by suture or ligature, or both. Nature would doubtless wish her tears here, for as we have seen, she has placed the structures on which depend the integrity of the floor of the pelvis to the rear, and she stretches most at these points. But the force of uterine contraction is expanded against the muscular and fibrous wedge, and, as is generally the case, rupture occurs where the force is applied.

A very safe method of performing it is by means of a blunt pointed bistoury slipped flatwise under guidance of the finger between the vagina and presenting part. The rigid band-like border of the vulva is then divided at the places and in the direction stated above. If a bistoury be not at hand any cutting instrument which is sterilized will suffice. After birth of the child, before or after delivery of placenta, and while the patient is still under anesthesia, these straight, smooth incisions should be carefully coapted by catgut suture, being sure the catgut is reliable and well sterilized. The indications for this simple procedure are found in any case in which lacerations of any type which involves muscles and fascia seem imminent. Nearly every case of faulty position in which delivery has to be accomplished in that position, comes rightfully into its class. It is best for the interests of conservatism to defer its employment until the presenting part is dilating the outlet; but in some cases (as persistent post-chin in face presentation, etc.) it is best to begin procedures by a free incision on each side.

What is to be gained? A shorter period of time is expended in delivery, and therefore dangers to the child lessened. The muscular perineum is preserved intact. A smooth surgical wound is produced which is more rapid in healing and less exposed to infection from discharges than a central tear. Lastly and most important, our patient in a few weeks is as well as before gestation as far as her pelvic support goes.

The writer, in advancing a more general consideration of this neglected operation, presupposes a knowledge and practice of asepsis and antisepsis. Without this no obstetric operation can hope for complete success.

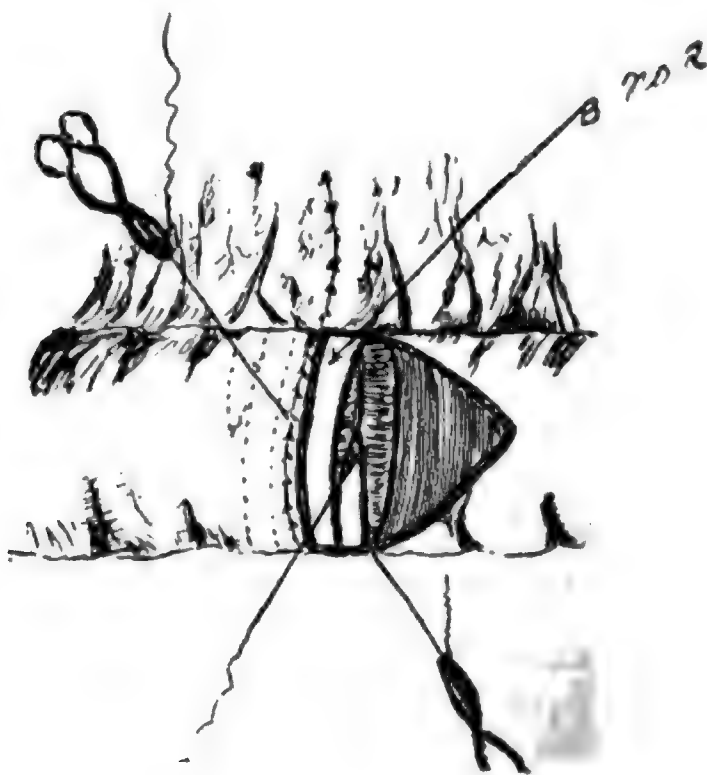
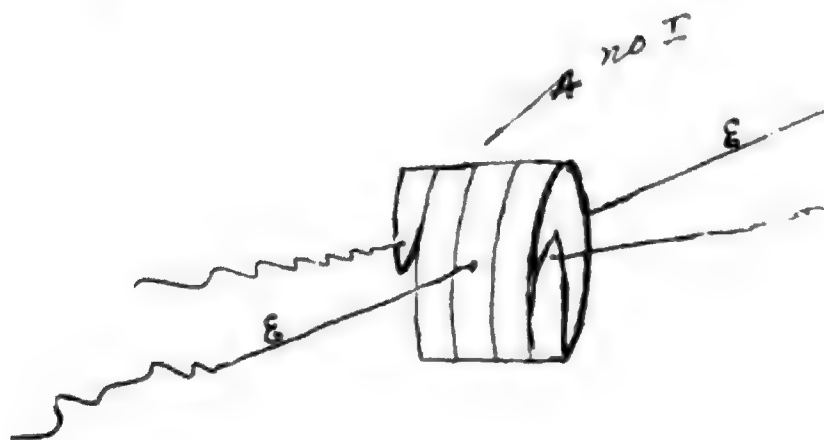
A NEW DEVICE TO FACILITATE SUTURING IN INTES-TINAL WORK.

FRANK H. EDWARDS, M.D.

EVANSTON, ILL.

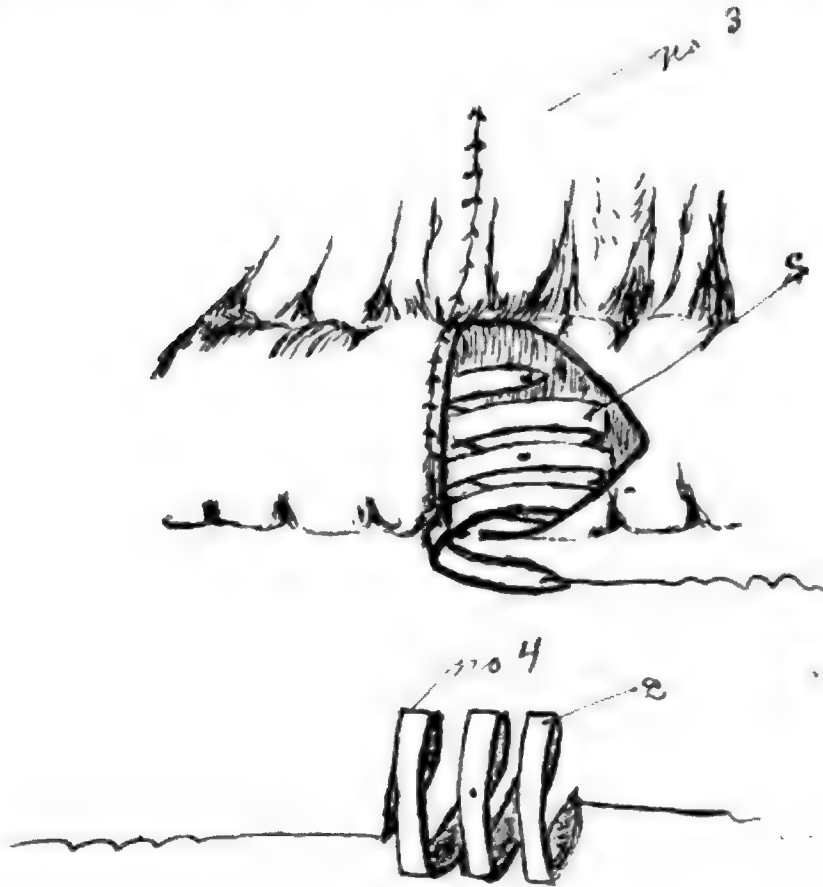
Since Lembert, in 1825, discovered the correct principle of uniting intestinal wounds, by uniting serous surfaces to serous surfaces, there have been invented a variety of sutures and mechanical devices.

It is not my purpose to dwell on the history of suturing, nor attempt to call the roll of instruments that have been devised to facilitate suturing in intestinal work, for they are generally known. Suffice to say, that it is a long list, from the potato and rock candy up to the rubber



bag credited to Halstead. Recently the Murphy button, which does away with suturing to a large extent, has been the most popular with surgeons; yet, *Czerny recently admits that he had three deaths from perforation and now never uses it for the large intestine.

Bernays, of St. Louis, prefers suturing, and Fenger also objects to the sloughing of the included tissue, which is a necessity with the Murphy button and that of Franks, and considers suturing the ideal method.



It is not my intention to extol one method over another, for while suturing may be the ideal method, from a surgical standpoint, yet, circumstances here alter cases, for practical men and successful surgeons know that it is much better for the doctor to have a live patient than an ideal corpse, whatever we may think about the patient's welfare.

Many times then, the button will answer better than suturing, particularly in the small intestine; however, since Dr. Allaben and I lost our last case—a pylorotomy—from perforation of the intestine by reason of the button coming in contact with a stricture in the transverse colon, I have naturally had a leaning toward the suture, and in practice work on dogs I was led to devise the spiral herein shown, for my own convenience, which seems to answer admirably, facilitating suturing to a considerable degree. The illustrations will suggest its

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We will admit the fact—and it is a fact—that many functional diseases are cured by the different phases of Mind Cure; but instead of accepting the claim that God performs a miracle or that there is no matter, no disease, but all is error when we think we have bodies or disease, let us look carefully into this body and study its functional activities and the natural physiological results of a strong faith in means employed for restoration to health, and see if there is not a physiological law which will explain these marvelous recoveries.

That we may more readily understand some of the functional activities of the body we will glance first at its anatomical construction. The bones, consisting of the spinal column with ribs attached, and the upper and lower extremities, form the frame-work of the body, the Osseous System.

Upon this bony structure the muscles are attached, covering the entire body, the Muscular System.

Padded between and over the muscles is the areolar tissue, the fat, and over this the skin.

Within the body thus formed we have first the digestive system, consisting of a tube twenty-six feet in length reaching the entire length of the body, dilated at one point to form the stomach and at others to form the larger intestines. This tube consists of three coats, the inner or mucous coat, studded with glands to manufacture the digestive fluids, and absorbents to take up nutritive material; the muscular coat, which contracts and expands to force the food along its course; the serous coat which covers and protects all, and adjoining and associated with the work of this digestive tract are the liver—the great bile factory—and the pancreas, where the pancreatic juice is manufactured, as well as many other lesser aids to the wonderful and intricate process of digestion.

Reaching down into this digestive tract is a net-work of hundreds of little tubes, the lacteals, which take up the nutritive elements of the food as fast as it is prepared and carry it to one common tube, the thoracic duct, by which this nutritive fluid—the chyle as it is called—is emptied into the blood current, there to be hurried to every cell and tissue of the body, from the toe and finger-tips to the deepest hidden cell within the brain. From this blood current the liver takes the material for manufacturing bile; the pancreas the material for pancreatic juice. From it the sweat-glands manufacture the sweat, the oil-glands the oil, and the joints their lubricant. Every bone-cell, every nerve and muscle takes its nourishment, its life, its growth and its material for repair from this blood current.

Before attempting to present a physiological reason for Mind Cures, it will be necessary to glance hastily at two other systems in this body

of ours, the cerebro-spinal nervous system and the sympathetic nervous system.

The cerebro-spinal system consists of the brain, the spinal cord and its ramifications, reaching every voluntary muscle and every tissue which has sensation in the body. This system is the medium through which the conscious life receives all impressions from without; sight, hearing, taste, smell and pain are all conveyed to us through the cerebro-spinal system. The voluntary motion of every muscle is presided over by the brain and spinal cord. They are the medium through which conscious life puts into operation this complicated human machine, driving it into every avenue of life in the search for food, clothing and all the necessities and pleasures of life.

The sympathetic nervous system consists of a chain of nerve-ganglia lying on either side of and extending the whole length of the spinal column. From these ganglia extend nerve-fibers, wires to every factory in the body—the bile factory, the oil factories, and every vital process going on in the body. Every blood vessel, the whole digestive tract and the miles of smaller tubes—the carriers of building material—the heart, the lungs, all are operated by this great sympathetic nerve, the unconscious life.

That mighty, wonderful, intricate process of taking food and converting it into the various fluids and tissues of the body is all done by the unconscious life through the sympathetic nervous system. The engineer operates the engine; the mechanic builds and keeps it in repair. Conscious life through the cerebro-spinal system operates the human machine; the unconscious life through the great sympathetic, builds the body, nourishes and repairs it.

The central offices of these two great nervous systems are connected by nerve-fibers, wires over which messages are received and sent, so that while they work independently, they often receive messages one from the other. For instance, one may see another vomiting and immediately his own stomach tries to eject its contents. What has happened? His sympathetic nervous system, the unconscious life which seems to have little reasoning power, has received the suggestion to vomit, and the order is given to the muscles of the stomach to contract. That person is sick as the result of a mental impression.

A mother sees a coal cart crush the life from her only child. She screams and falls unconscious. What has happened? A mental impression has been conveyed to the sympathetic nervous system, so powerful and sudden that its functional activity is interrupted. The rhythmical beating of the heart has been interrupted. The blood vessels of the brain have been caused to contract, forcing out the blood, thus upsetting for the time the central offices of conscious life. The physi-

cian stimulates the terminal branches of the sympathetic by inhalation of ammonia, by friction to the skin, or a dash of cold water, and consciousness returns as the sympathetic starts up again the blood current.

It is a fact that sudden and powerful emotion may most seriously interfere with the normal functional activity of the sympathetic nervous system; and what is interfered with? The digestion and assimilation of food, the circulation of blood, the whole process of growth and repair of the body may be temporarily stopped by an anxious thought. Anxious thought, then, may produce functional disease, indigestion, constipation, insomnia, headache, hysteria, and the like.

Remove a cause and the effect ceases. Remove anxious thought and the disease is cured. This is precisely what the Christian Scientist does. He makes the sufferer believe that there is no matter, no body, no disease, but all is error. That God is a spirit all good and all powerful, and that we are in error if we think we have disease. The patient believing this, ceases to worry. Hope takes the place of fear, quiet reigns in the body and at once unconscious life, through the great sympathetic nervous system, resumes its work.

We have seen in the case of the mother, how an anxious thought paralyzed for the time the whole functional activity of this God-given power. This power, unknown to our conscious life, takes a microscopic egg, and from it creates a human being with all the complicated machinery of life. If a sudden anxious thought will interrupt for the moment the whole process, it is but reasonable to assume that ordinary fear of disease may interfere with some of the more delicate processes in nourishing and keeping in healthful activity the ultimate cells of the body.

Banish fear, and plant invigorating hope, and under its stimulating influence the sympathetic nervous system, faithful to its mission, begins at once more perfect work. Better digestion, better assimilation of food, a richer blood current, better nourished tissue is the result—the very best possible physical condition for restoration to health from any disease.

Overholser (New York Medical Journal, December 19, 1896), says: "We find in the ultimate analysis of the organic structure of our bodies, from the units of the most highly specialized tissues to the units of simple undifferentiated protoplasm, that the most important organic elements of the organism are the unmodified protoplasmic white blood-cells. They are the seat of its physiological powers and the most powerful antagonizers of its pathological conditions; the source of all its nutrition and of all its repair; its agents of supply in times of peace, and its brave warriors of defense in times of battle."

How is this important blood-cell made? Not by conscious life.

but by the sympathetic nervous system, the unconscious life. Is it unreasonable to suppose that when we remove a cause which profoundly disturbs the whole manufacturing plant of blood-cells and tissues of the body, the normal functional activities thereby restored, will in a short time correct disturbed or diseased conditions?

To understand the physiological effect of a strong faith one must have clearly in mind the dual nature of the body; the conscious and the unconscious life. Suppose we fracture a leg. The conscious and the unconscious life are both immediately appealed to, to restore it. The agonizing pain is but the language of conscious life crying to us to adjust the fragments of bone, and to relieve the pressure upon nerve and sensitive tissue.

Unconscious life is also appealed to, and immediately begins that wonderful and delicate process of repair. The blood vessels are enlarged, a greater supply of blood is sent to the seat of injury, refuse matter is taken up and carried away, material for repair of bone is hurried on and deposited about the fracture, a liquid is thrown around the fractured ends which is rapidly converted first into cartilage and then into bone, forming a strong band or splint about the fracture, thus to securely hold the fragments until complete repair takes place; and then by the same God-given power the process is reversed, and the absorbents take up and remove the band of bone.

Had we depended upon conscious life alone for repair of the fracture, utter failure would have been the result. We cannot make a single bone-cell. Had we depended upon unconscious life alone, repair with deformity, perhaps sloughing and loss of the limb or blood-poisoning and death might have been the result.

The Mind Cure healers depend entirely upon the unconscious life, and it is a God-given power without which we can do nothing toward growth or repair of the body. But is not the very fact that we were given conscious life, reasoning power and intelligence proof enough that we should use it?

There are many functional diseases which the unconscious life through the operation of the sympathetic nervous system will speedily set right, providing it be not interfered with. The interfering hand may be and often is, the disturbing effect of anxious thought. If this can be released by implanting a strong faith in the means of cure, thus banishing all anxious thought, restoration to health will be the result. The interfering hand, however, is not always due to mental processes. The oculist who relieves an eye strain by properly applied glasses, releases an interfering hand from the sympathetic nervous system, and a cure of headache, dyspepsia and a more or less general systemic disturbance is often the result. The removal of

abnormal tissue in the nose often cures a case of asthma by simply removing an interfering hand from the sympathetic nervous system.

I think we may say that the most important step in the cure of any chronic disease is to relieve the sympathetic nervous system from all interfering agencies and stimulate its normal functional activity. When the interfering agent is anxious thought, a mind cure may be successfully applied, provided the patient has a deep, strong faith in the means employed.

Moreover, it is fully demonstrated by workers in psychology that this sympathetic nervous system, the unconscious life, is susceptible of suggestion. If a person be hypnotized and the conscious life be put into a deep sleep, one may suggest that certain abnormal conditions which have existed for a long time have ceased to exist, and immediately a paralyzed limb will be restored or other functional troubles removed. By medical men this is known as cure by suggestion.

The same physiological effect is often produced without deep hypnosis by implanting a strong faith in means resorted to for cure. When this is done by faith-healers it is called a miracle or a cure in answer to prayer. So it is, a cure in answer to prayer, but it is brought about through the operation of natural physiological law.

I once saw a young lady who had been confined to her bed for three months with nurses, anxious friends, and physicians in constant attendance. With every attempt to put her into the sitting position she would faint and fall unconscious, and the family became alarmed lest she should die before she could be restored to consciousness. I urged that she be sent to Albany and placed in a hospital. The family objected, and the girl was terrified at the thought. A compromise was made. She was ordered medicine for one day with the assurance that then she could get out of bed and ride for an hour in a sleigh. This she did without fainting. She continued to ride daily, and had no further trouble. Grief over the death of her mother had disturbed the equilibrium of this girl's nervous system and she developed the condition known as hysteria.

The energizing effect of a strong faith in a new doctor and a new medicine was sufficient to enable her to get self-control again. This was a cure by suggestion, brought about by the physiological effect of faith.

Faith and fear cannot exist at the same time in the mind. When we can get a deep, abiding faith, fear is banished, and hope, the logical result of faith, is established. The physiological results of such a change are first, that by dispelling fear we remove its paralyzing effect upon the unconscious life, and immediately the whole process of digestion, assimilation, growth and repair of the body is improved; second,

Both these plexuses are a part of the sympathetic nerve and controlled by that nerve, so that a weakened sympathetic means a perverted muscular action or secretion due to a lack of nerve force.

Especially is this true of the part supplied by the inferior mesenteric plexus, the action of this nerve nominally being slow, and it supplies that part of the large intestines where the fecal masses lie after most of the moisture has been removed. The function of Meissner's plexus being to preside over the mucosa with its numerous glands, if perverted, the feces cake and often adhere to the walls of the intestines, further preventing peristalsis. In this way it is often possible by a subsequent hyperesthetic state of this same plexus to bring on a diarrhoea, and the patient still remain constipated, because all the fecal mass does not come away.

Perverted functional activity of either Auerbach's or Meissner's plexus can be the cause of either a ptomaine or toxin poison of the system. The bacteria normally found in the intestines by an excess of culture media may multiply rapidly, and, nature's sentinels being a little sleepy, allow them full play at their dangerous work of poisoning the system, and unless these sentinels suddenly wake up to their sense of duty, material damage to the system is apt to result. Cases of this kind, where the temperature and pulse have been abnormally high and all the symptoms of a typhoid state seemed present, but which all vanished in from one to three days, have come to my notice.

Structural changes in the brain and spinal cord can reflexly produce all of these same conditions, but are at all times obvious, and temporary expedients often have to be resorted to, to overcome these conditions, because to cure them under these circumstances the cause must first be removed. Where the sympathetic is the cause, the conditions which have produced the loss of this power must be attacked in order that a permanent cure may result.

The predisposing causes having been removed, a permanent cure cannot always be had unless the existing causes are carefully treated; this means to secure a better peristaltic action or an increased secretion of the intestines, especially the left half of the colon, sigmoid and rectum, where the feces normally lie, and which is presided over by the inferior mesenteric plexus. To accomplish this the diet must be corrected and a diet given which shall have a larger amount of waste product to act as a stimulus to peristaltic movement.

The solids and fluids play an important part in the formation of the stool. Water is one of the best adjuvants. A glass of warm water with a little salt taken on rising is often found to be of great value. Regular habits, too, play an important part and patients should always be instructed to go to stool regularly every morning after breakfast, as

the warm contents of the stomach at that time aid in increasing peristalsis. Hygienic conditions should be regulated; a salt brine bath with a vigorous rub following, stimulates the circulation and is of value.

Exercise, too, is a valuable aid. A study of the sympathetic nerve must after all be your chief reliance. How can it be stimulated to an increased action in order that it may meet its daily demands. Massage, pressure or vibratory movements of the solar, hypogastric or pelvic plexuses give a direct stimulus and bring to life the vitality of the branches which control peristalsis. Hydro-therapy or, better still, hydro-electro-therapy, also gives you another means by which a direct stimulus can be given to the nerves governing that part of the intestine most often involved. The indicated remedy should not be overlooked before or during this treatment. So many remedies are indicated in constipation that I shall refrain from naming any of them; suffice to say, don't neglect them if you want to cure your patient.

ANNOUNCEMENT. .

THE next clinic in orificial surgery will be held on Muncie Island, in the amphitheater of the Seaside Sanatorium, during the week beginning June 26th.

This is a rare opportunity for work and play, which all those who are interested in the progress of orificial work, and who at the same time would avail themselves of a delightful vacation without additional cost, should embrace.

Those who desire particulars of the course should apply either to Drs. E. H. and L. H. Muncie, 119 Macon St., Brooklyn, N. Y., or to Dr. E. H. Pratt, 100 State St., Suite 1203, Chicago.

The new word is Pelology.

EDITORIAL DEPARTMENT.

MENTAL AND PHYSICAL HEALING.

(Continued from the January Number.)

We beg the indulgence of our readers for once more calling their attention to the importance of harmonizing physics and metaphysics, both theoretically and practically. Although this subject was dwelt upon at some length in the January number, another way of presenting the same thought, employing different illustrations, may serve to bring many to our way of thinking who were not fully persuaded by the previous article. Those who are already alive to the importance of the thought presented are sure to be charitable to this continued consideration of the subject for the sake of those who need further persuading. If it be deemed an error to so nearly repeat ourselves, it may be pardoned in the present instance, as this is the last reference which we will make to the subject for many months, as the plan of the editorial writings will be changed in accordance with the announcement at the close of the present article, and this repetition of the January thought may be taken merely as an underscoring to secure proper emphasis. Our heart is set upon the establishment of harmony between all valuable types of healing measures, and the existing antagonism between so-called mental and physical forces must be exchanged for mutual helpfulness and appreciation, and the sooner the better for both the laity and the profession.

Love that never emanates into some form of expression never warms anybody's heart; at the same time unanimated types of expression are dead and ineffective. Thoughts that never take shape never light anybody's earthly pathway; and yet pathways that are not lighted are dark. Moralizing and philosophizing that have no application in daily life serve but to waste energy that could be better spent; and yet daily life that is not properly guided by lofty ideals is painful, profitless, wasted.

We need forces, but they must be harnessed so as to move things. We need truth, but we want practical truth, that is, it must be so focused as to show us how to act in the details of everyday life. The science of interior living, schooling us in how to think and how to feel as spiritual accomplishments are well enough from an ethical stand-

point, but the present age is a practical one and demands sense products.

While we recognize that all physical entities are but outward expressions of causes which lie beyond sense perception, in our present state of development we can only interpret spirit by matter, and hence demand perpetually an exhibition of the outward signs of things as the only positive proof of the things themselves. For this reason is physical science so firmly based as to be indispensable to all human existence, prosperity and advancement. Even spiritual growth itself at the present time is also dependent upon it. It is of little use to attempt to shake off the dust of this world from our garments until we retire from this stage of action. For this reason those who honestly essay to practice the healing art in the fullest sense of the term and render satisfactory servites to the sick and suffering of all kinds will scarcely be able to dispense with any of the types of physical measures which have proved themselves serviceable in the days gone by. Whatever of physical measures are not serviceable, but inefficient, inappropriate and unnecessary, standing for poor professional judgment and impractical conceptions of service, should of course be abandoned under any and all circumstances, and there is no defense for inefficient physical measures any more than there is for inefficient psychical, electrical, or any other measures.

Many thinkers along psychical lines seem to forget that all physical forms are themselves but expressions of internal forces and that it is not the forms which accomplish their purpose but the indwelling force which they embody; and as the entire world is but a single creation, its parts are all harmonious and supplementary in whatever plane of expression they may be considered. Mud turtles will grab at a stick thrust at them in ignorance of the power that wields it. And human beings are many times equally stupid in thinking that by compelling the outward forms which stand for propriety they can secure the inward establishment of propriety itself, which is a matter that has to do with the man rather than with his manners. They forget that clearing one side of a glass does not necessarily secure a free transmission of light.

There is no whole that is not dependent upon its parts for its very existence, and there are no pieces among all created things that have not their place in the great unity. A farmer may be a philosopher and be the better for it provided he will be equally diligent in the details of his farm labor. A surgeon will be all the more successful for thorough spiritual culture if he remains faithful and diligent in the details of his physical work. In other words, evolution must involve involution and deduction must involve adduction to establish order on earth and render physical existence successful and enjoyable. It is

right and natural to progress from the letter to the spirit of things, but the light must return and illuminate the letter or its usefulness here is scarcely accomplished. The pulverized specimens of morphine and quinine so nearly resemble one another as to be scarcely distinguishable, but their indwelling spirits are so different as to render a mistake in the identity of the drugs a dangerous one in prescription filling. A thought projected with intensity may be received and influence the action of a so-called sensitive, but if put into words that can be read or sounds that can be heard, or any type of expression that can be in any way sensed, the spirit can then be comprehended by anybody and everybody regardless of their spiritual adeptship. Now the law of drug action is a spiritual law, and when arsenic or any other drug is demanded by a morbid physical condition the spirit of arsenic alone will accomplish the cure. If it could be demonstrated to the patient by one sufficiently psychic to select that part of the god-thought of which arsenic is but the expression, the action of the drug might be secured without its physical exhibition. When this is accomplished not only with drugs but everything else, physical forms will have outlived their usefulness and pass away, but until that time comes physical expression must ever stand for its producing cause, and producing causes are not causes in this world unless their legitimate effects are fully and completely accomplished. Their signboards must be hung up where everybody can read them, otherwise they are not practicable for everyday work. One is surer of an accurate prescription by selecting the indicated drug than in stumbling over the thought world and gazing at the proper word whose meaning if put into physical expression would become the drug, for things which produce a like effect must themselves be alike. It is not enough for the entertainment of a popular audience that a company of actors, either present or absent, should focus their attention upon their various parts in a play and think it through vigorously as a source of entertainment. The paraphernalia of costume and scenery and the exhibition of every type of physical expression combined are universally demanded for the vivid and practical presentation of any successful drama. At the same time, what would the scenery and costumes and gesticulations mean if the emotional and intellectual forces did not animate them? No, lightning must flash behind them to give them vitality. On the mimic stage both the spirit of the play and its outward forms of expression are essential to a successful dramatization.

What is true of the mimic stage is equally true of the real stage of life. By all means encourage the scientific culture of wholesome thoughts and emotions. But in the successful everyday matters of life, be it the practice of medicine or any other occupation, it is scarcely

practical to omit the physical supplements and settings. The following letter which was recently received, while it illustrates the practical value of correct thinking and feeling scientifically applied, and with telling effect, also stands for the dangerous tendency of the times to cut loose from and ignore all physical foundations for spiritual building. This world cannot afford to ignore physical science and physical help, however thoroughly it wakes to the realization that matter in all its forms of expression is but the physical projection of indwelling spiritual ones. Nakedness has to be clothed in this world to escape profanation and annihilation. Fill bottles with all the wine they will hold, but do not forget to bottle wine. Put all the spiritual meaning into physical expression that the forms of expression will contain, but do not forget the expression. Lay hold of all the helpfulness possible by scientifically applied suggestive therapeutics, but in the name of humanity do not ignore the value of well-established, equally scientific physical aids, which will serve their purpose all the better if seconded and sanctified by all the help that can be obtained from properly directed and helpful streams of thought and emotion.

The writer of the following letter is a woman of intense nature, with cultivated powers of mind and heart. The success of her first employment of psychic forces in a case of sickness not only gratified her but also surprised her. She must be careful that they do not lead her as they have many others into dangerous places. Had the patient been other than her own child, however, her efforts might not have been successful, for it was unquestionably the faith of the child in its mother that elicited the deep spiritual obedience which in reality effected the cure. Such faith is not common even on the part of children in their parents, much less between strangers or mere acquaintances, or patients and their doctors, and although the experiment succeeded this time even in this case it was a dangerous one, for physical measures properly applied are not mere forms, but embody the spirit of healing, and their employment is by no means antagonistic to the healing power of faith or any other type of mental or spiritual healing. In our humble opinion it is the combined employment of physical and mental forces which constitutes the ideal treatment for all types of illness, and what we are striving for is to secure as careful study and application of remedial measures in one plane as in the other, that all remedial measures can be handled with skill and proper effect. To accomplish this dispensers of physical agents must recognize the helpfulness of metaphysical agencies, and faith healers must secure their equilibrium by ceasing their attempts at flying before their wings are sprouted.

Every time a doctor approaches a patient, even if his mind is fixed upon the exhibition of some type of physical help, he is consciously or

unconsciously making use of psychic as well as physical forces, and the point which we are trying to establish in the editorials of the JOURNAL is that it is not only important that he employ his physical measures in a scientific manner, but also that the psychic forces which emanate from him, whether he will or not, should be administered with equal skill and appropriateness. As long as he does handle psychic forces, and must do so, why not study scientific ways of applying them instead of trusting the mental side of his work to any chance mood that may dominate his mentality at the time of action? The mother of the child mentioned in the letter many years ago was sick nigh unto death, and her cure was effected by a combination of mental and physical measures. Either alone would scarcely have been sufficient to have saved her life, but with the administration of physical means of relief selected as judiciously as possible there was also administered to her the best mental and intellectual guidance in the line of suggestion which her attending physician could at that time command. Had either the spiritual or physical advice been dispensed with the other, in the opinion of the attending physician, would scarcely have been able to effect a cure. If the action of appropriate physical prescriptions could be supplemented by such suggestion and spiritual guidance as was given by this mother to her child there would be less cause for complaint against doctors on the part of those who employ them. On the other hand, if those who realize the full value of suggestive therapeutics would give proper recognition to the well-earned reputation of successful physical measures as means of affording relief there would no longer be an excuse for the hostility which so many doctors at the present time entertain toward the really desirable employment of psychic forces in the healing of the sick. And now for the letter itself:

My Dear Doctor—Will you be annoyed that I have loaned one of your books? I have had keen satisfaction out of the second book,* more than out of the first.** The first was too "Soft answer" to really grip me, but the straight reasoning of the other has helped me a lot. I guess my subjective mind has got a pretty thick skin—and I feel rather hopeless about the things I hope to do. But I am helped enormously about Sheridan. I have a sense of being sure and hopeful about him. All of a sudden he tightened up with a croupy sounding cough, late at night—I am always up and at his bed before I am awake. He sleeps in a room open to outdoors. I pulled him into a room where there is an open fire, poured some whiskey on sugar, gave him two teaspoonfuls of the syrup, built a hot fire, covered him up and "explained things" to him—I always do that—I have always tried to have his coöperation about things. "The sugar I have given you, dear, will put you to sleep; shut your eyes and help it; dont breathe that way; that only helps the cold; breathe quietly; there, you see, you are better already; now, you see, the sugar is making you sleep. You will wake up in the morning all right—with no cough at all—quite well." He slept very quickly, breaking into perspiration. I stayed with him about three hours. Whenever he breathed heavy and hard I told him not to, and he stopped. Then I went to bed myself, leaving him in the warm room, planned so it would cool off gradually.

*"Hudson's Law of Psychic Phenomena."

**"In Tune with the Infinite," by Trine.

He got up all right in the morning. Other attacks of the same kind have developed into coughs, and heavy colds, requiring housing and care for several days. I tried to make him feel the next day that he had done it himself, and that it was a simple and natural thing to do. So you see, my dear doctor, even if I get no good for just myself, I am helped much—much for the boy—and that is what is important.

The law suggested in the second book explains "heredity," doesn't it? It is what makes it worth while to even have a hope for something better—the hope may be choked out by one's own weeds—but being transferred to some other mind may grow and make for the strength of the world. May it not? Don't laugh. I have for some time had a class in cultivation of the voice, just every-day voice that you talk to friends and servants and conductors and pupils and strangers with. And the foundation of it all has been—the thing that has enabled me to improve any voice without reference to what seemed the matter with it, was getting it based on a sincerity of intent—a desire that one's voice should *exactly* express one's intent—that it should be flexible to the least phase of influence *from inside*. You would hardly believe the mellow-ness and quality I get out of edged, thin, false tones, before people know what has happened. That is the same thing, isn't it? I have not been so keenly interested for years. I wish I were not thick-skinned inside. But, anyhow, I can see other people do things, and I can understand without protest now. I have read almost every day; you will not like the time, but it is my only "alone time"—just before I go to bed. And that is any old time. From the minute the house gets up I am at the mercy of any and every one in it. And it must be so.

I am well. I think I manage a little not to get so utterly dead tired, water-sogged. Do you think I can start Sheridan right? He is only five years along. And in some ways I have been on the right track with him. He is good stuff. Also, he loves me.

Soon as the "In Tune" book comes back, I will return both to you. How are you? When will you come here again? Perhaps I will get a "Chronic" disease—and then you will have to come and cut me up with a knife.

Thank you, sir,

Sheridan is rosy and sturdy, and I hope happy. Yours.

Undoubtedly the rapid cure in this case was due to the mother's suggestion, for the warmth and the whiskey and sugar, and physical care generally, were her only standbys in previous attacks, which had invariably been of longer duration. If it was a question between drugs and suggestion as a therapeutic agent in such a case as the above the suggestion properly selected and applied would cure quickest and surest. At the same time such skillful work is rare, and can scarcely be hoped for in general practice, and inasmuch as it would have worked equally well if supplemented by drug action or any other appropriate measure which the attending physician deemed advisable, the undertaking would not have been as hazardous and recovery would have been rendered doubly secure. Scientific knowledge of physics is not incongruous with scientific knowledge of metaphysics, and although there are occasional brilliant examples of phenomenal successes in the exhibition of the power of mind over matter, one swallow does not make a summer, and one case, or a hundred cases, do not establish a reliable basis for everyday practice. Then, too, there are equally thrilling results obtained by purely physical measures unaided by the employment of suggestion, either consciously or unconsciously. People must

not boldly turn their backs upon the medical profession and disdain their assistance in times of need, and on the other hand, doctors must broaden their professional accomplishments sufficiently to avail themselves of the curative action of scientifically applied psychic forces.

The mutual relationship of mind and matter is a question of such extreme importance in the practice of medicine that we are ambitious to do it better justice than it has thus far secured at our hands. For this reason we propose to ask the attention of our readers to a more detailed and elaborate consideration of the entire human being. The composite man which constitutes the human being, and which when it is sick is sick clear through in all of its parts, and consequently needs treatment that is adapted to the entire organization, has already been referred to, but only in a condensed and inadequate manner. It is therefore our purpose to present the entire subject of the composite man in a more elaborate form, beginning with the physical man and concluding with the spiritual man. To make the various subjects of these editorials as readable as possible they will be presented in the form of impersonations, thus permitting each type of bodily form, and spiritual shape as well, to introduce and speak for itself and plead its own cause. The undertaking is not an easy one, but sufficiently important, it seems to us, to be desirable. Some of the readers may miss for a time the helpfulness which the editorials of late years have tried to extend to those who are ambitious for genuine cures in the practice of medicine; but when the series is complete we hope that those who have been kind enough to follow it patiently from beginning to end will feel that the diversion has been to their advantage.

The first impersonation will be attempted in the April number of the JOURNAL, and will be that of the bony man. E. H. PRATT.

CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

46. Occasionally a country doctor discovers a plant which possesses marvelous medicinal virtues in certain pathological conditions. He prepares his own decoction, infusion or tincture, and every time he gives it he gets exact results. He reports his discovery through the medical press. There is no preparation of the remedy on the market, and those who use it must make their own preparations according to the instructions of the original discoverer. The remedy continues to fulfill expectations, and the demand for it becomes so large that the general manufacturing chemist, the man who makes fluid extracts, tinctures, pills, powders, tablets and everything else needed by the trade, adds it to his list. He doesn't know anything about the remedy except that it seems to be in growing demand. He purchases a supply of the dry, crumbling bark or root, which has long been on the market and is as dead and inert as a pile of old rails which have yielded up their sap to the blistering rays of the sun. Preparations made from such poor material soon prove a disappointment, and a good remedy is discarded.

—*Medical Brief.*

We had the following experience which the above clipping recalls: Treated a patient for neuralgia of the right side of the face for a long time without benefit and after she had tried several other physicians with no better success, she was advised by a friend to use internally a decoction of Canada thistle. It cured her in a few weeks; improvement was noticed about one week after beginning the remedy. In the course of a couple of years met and heard several people not physicians, who had used successfully the thistle decoction, made from leaves and stems of the plant. Having advised its use in two or three cases with benefit to the patient, had a tincture made, thinking that it would not be necessary to give so large a quantity of it as of the decoction. It was a complete failure in all cases in which it was tried. Keeping the plant in a dried state for a long time seems to destroy its medicinal properties. Benefit derived from the old-fashioned home-made decoction with this remedy, and successive failures by the pleasanter form, the tincture and the inert dried plant from the drug stores is corroborative of the statements made in the clipping.

47. A CASE OF NEUROTIC VOMITING OF TEN YEARS' DURATION. By H. L. Spence, M.D., Neurologist to the Cleveland City Hospital; Chief of Clinic for Diseases of the Nervous System, Lakeside Hospital; Consultant Neurologist, Vega Avenue Hospital —Though neurotic vomiting is not an uncommon phenomenon, the following case presents sufficiently remarkable features to merit publication. The history of the patient is as follows:

Miss C., aged thirty-eight, had an attack of malarial fever ten years ago, during which she was for two months confined to bed. During convalescence she was taken with severe frontal headache, followed by loss of appetite and vomiting. This rapidly increased in frequency and severity till, within a few weeks, she went to bed and remained there for a year. During this time, though the appetite improved considerably, vomiting persisted without

a day's intermission. It usually occurred shortly after eating, and was rarely accompanied by nausea. There was at first considerable gastric pain and tenderness together with flatulence. From that time, during the next ten years, there was a diarrhetic tendency, and from that date (ten years ago), the vomiting continued, without intermission till the month of August of the present year. Strange as this statement may seem, it is an actual fact that, in all this time, the patient never failed on one occasion to vomit after eating. Needless to say the amount of ejecta varied considerably, from a mere regurgitation to a total loss of the stomach-contents. During this time she became greatly emaciated and was debarred from any occupation with the exception of a little sewing now and then, and twice in this period she was confined to bed for a year at a time. There was never any evidence of gastric dilatation or organic disease of the stomach, kidneys, brain, or liver. As the efforts of over twenty physicians had proved fruitless she came to this city a year ago and remained during that time in the St. Alexis Hospital. Early in August I was asked by Dr. Kofron to examine the patient with a view to suggestive treatment. I found a tall, thin woman of somewhat sad expression and in behavior quite the reverse of the traditional hysteric. I might here remark that I was unable at any time to find any of the stigmata of hysteria nor was there anything in her history suggestive of that state. After a little explanation she agreed to hypnotic treatment and readily passed, under the suggestion of sleep, into a lethargic state in which the necessary ideas were impressed. At the same time, as it was not possible for me to see her daily, I communicated the so-called hypnotic influence by suggestion to Dr. Shaw, then interne at the Hospital, with the assurance that he would be able to carry on the treatment in my absence. I also prescribed a belt to be worn over the stomach which, needless to say, was merely a medium for suggestion. It consisted of a square of tinfoil sewn into a bandage. A milk-diet was prescribed with the positive statement that she would retain it, and from that day her cure may be said to have begun. During the remainder of her stay she vomited, I think, but twice, this on each occasion being due to unusual fatigue. Within a little over six weeks she left for her home, not having vomited during that period. At the time of her last treatment I asked her if she could name anything that she could not digest or retain, and she was unable to do so. A few days ago she wrote that she was at work and doing well.

The interesting fact in this case is the duration of the vomiting and its immediate response to treatment addressed directly to the mind. If time allowed it would be interesting to discuss the mechanism, so to speak, of a neurosis such as this. Many theories have been offered in explanation of phenomena of this kind, yet it would be decidedly rash to accept any one of them at present as final. Though yielding so readily to mental impression there is nothing more certain than that hysteric symptoms like the present are in no sense products of imagination. But ignorant as we are of the intimate mechanism of such results we cannot afford to ignore the abundant evidence we now possess of the value of so-called hypnotic treatment. It has been my good fortune within the last two years to successfully treat five cases of protracted vomiting by this method, in each of which other agencies had been employed without result. I need not emphasize the importance of a careful diagnosis before the employment of treatment of this kind. One must differentiate the organic from the so-called functional, but in cases of this kind coming under the latter heading I am convinced that psychotherapy in one form or other offers practically the only hope of cure.

Cleveland Journal of Medicine.

This report is inserted for the benefit of those of our readers who, like ourselves, are not convinced of the efficacy of hypnotic treatment. Knowing the tendency of the human mind to grow prejudiced and narrow in its thought, we read the writings carefully of those who differ from us, believing that the men, as a rule, do not desire to mislead. Bearing in mind some of the familiar facts from the history of medicine, we seldom allow ourselves to say or think a man is a

crank, or a fool, or dishonest because his teachings seem absurd. He may be mistaken, but he soon discovers his mistake, which he corrects unless he be one of the very few who is so weak in will power that he cannot prevent his thought from spinning around the same wrong idea. I believe all cures by what is called hypnotism are performed on those of weak will power and the trouble is due entirely to that mental state. We have known hysteria to be so masked as to deceive physicians of high standing in the profession. We know of a case which is a good example of the last statement. She was treated by several physicians, eminent and competent, for what they supposed would be a fatal illness, even asking what disposition should be made of body at death, as she was in a hospital. Among other measures supposed to be necessary was the daily use of the catheter for supposed inability to urinate. Finally she was removed alive from the hospital, and fell into the hands of a country doctor, who diagnosed the entire trouble hysteria, refused to use catheter and ordered her out of bed. This scientific treatment was very successful, for there was no reason why she should not carry it out and she had no option, because it was too painful to retain urine. There was no mental suggestion; she was just ordered to get up. Mental suggestion never cured tuberculosis nor cancer, nor did auto-suggestion ever kill a hypochondriac. It is the stock in trade for quacks to suggest a cure by telling the patient he will recover, but that don't cure him.

48. A CASE OF INCONTINENCE OF URINE CURED BY ANTERIOR AND POSTERIOR COLPORRHAPHY. By A. Laphorn Smith, B.A., M.D., M.R.C.S., Eng., Fellow of the American Gynecological Society; Professor of Clinical Gynecology, Bishop's University; Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Montreal Dispensary; Surgeon to the Western Hospital, Montreal.—During the last twenty-four years I have been consulted by about the same number of women for incontinence of urine following a very severe labor. A few of these were found on close examination to have a vesico-uterine, or a vesico-vaginal fistula, which were dealt with in the usual way, and cured by operation. Nearly all the others were treated for two or three months with a mixture of iron, strychnine and phosphoric acid, in full doses, and were also cured. The cause in their cases being weakness of bruised and overstretched muscular fiber. But about six months ago the present case came under my care at the Montreal Dispensary, and proved an exception to the rule of my experience. Mrs. M., age forty, had a very severe instrumental labor about a year ago, ever since which time she has had to wear large pads to catch her urine. Her physician was unable to stop it in any way. If she remained in bed she could hold her water for an hour or two, and then it would trickle out if she moved or took a long breath, and when she went about her work it kept running all the time, keeping her clothes wet and always smelling of urine. I put her on the above tonic treatment, and, in order to observe her better, took her into the Samaritan Hospital for a couple of weeks. A careful examination failed to detect any fistula; in fact, in filling her bladder with warm salt solution, the latter flowed out beside the catheter; there seemed to be no life in the sphincter. There was a large rectocele, and cystocele, and lacerated perineum. Although I have seen a great many patients with this condition, and quite commonly, causing desire to micturate frequently, and also a sensation as though some urine still remained in the bladder, as indeed it does, yet I do not remember to have had a case in which it caused incontinence. I therefore feared that the cure of these conditions alone might not suffice to cure her of her trouble, and I had some intention of, at the same time, shortening or taking a reef, so to speak, in the relaxed sphincter at the same time. This, I found it was quite easy to do, when I had removed

the vaginal mucous membrane to the extent of two and a half inches in length and an inch and a half in breadth.

In order to tighten up the sphincter, I made the denudation further down toward the meatus than usual, and instead of drawing together the edges surrounding the denuded area with a purse string suture, as I usually do, I tightened up the sphincter by means of a running catgut suture, which was buried in the muscular tissue, and the mucous membrane of the vagina was then accurately brought together over this. Hegar's operation on the posterior vaginal wall was then done, with a buried and a superficial row of catgut. This made a good support for the bladder. Fortunately, the catgut was good and her tissues healthy, so that in both operations primary union was obtained. The result was all that could be desired. She could cough and turn in bed from the first day without wetting herself, and at the end of two weeks she could walk about with comfort and without a single drop of urine passing involuntarily.—*Can. Med. Record*.

This clipping is inserted not only because it is a report that is of value from a clinical standpoint, but also because it clearly demonstrates the necessity of sound judgment in the surgeon in diagnosing the case and selecting an operation suitable for it and doing the operation. All are important, but the last is least important, for it is largely an art acquired by use of the hands; the others are the practical application of science in arriving at a correct decision of what should be done. Most failures in surgery are due not so much to a failure in performing an operation decided upon as in deciding if surgery is the best treatment and if so when it should be used and what operation performed.

The following is by Arthur Devoe, M.D., of Seattle, in the *Alkaloidal Clinic*. The paragraph in the parenthesis by the editor of that journal.

49. STUTTERING AS A REFLEX NEUROSIS.—The existence of reflex neurosis has frequent demonstration to every practicing physician. As to confirmed stutterers, it would be interesting to know how many cases have had their origin in reflex irritation of the delicate nerve structures governing and coordinating the various muscular powers employed in speech. The mere repetition of a morbid nervous phenomenon tends to fix it as a habit of the individual. How important then to be alert at the beginning and to remove the cause of all reflex neurosis.

Itard declared, in 1817, that the treatment of stuttering had made no progress in two thousand years. Since that date the literature of this impediment of speech has reached enormous proportions, and great achievements have been made in anatomic and physiologic knowledge, yet in our own day a confirmed stutterer might well labor with his defect as did Demosthenes of old. The subject is now, as always, sufficiently burdensome to warrant attentive consideration of a striking case occurring as a transitory phase of child life and growth.

Donald Robert, a well formed, bright, clear skinned, clear eyed two-year old, suddenly began to halt and stumble in his speech, which from earliest babyhood had been noticeable for the entire absence of lalling, so common in the beginning of human speech. He had talked with steadily increasing facility from the age of about ten months up to twenty-six months, passing through successive attacks of whooping cough, measles, pneumonia, and the first dentition without any obstruction of his talking faculty. At the age of two years and two months, after a long period of perfect health, he appeared slightly out of condition, was sometimes restless in his sleep, not able to take food with his usual alacrity, but otherwise in apparently good form. He began to stutter. His eyes would look distressed and strained, his features recalling Rosenthal's picturesque words portraying the facial appearance and action in this disease, viz.: "The morbid influence extends to the processes of the neighboring nerve nuclei, and calls into action the accessory spasmodic movements of the muscles of the face, eyes, tongue, and neck."

The trouble rapidly increased, and the parents were quite in a panic. Visions of this bright little talker becoming a confirmed victim of a lalonneur-osis, loomed threateningly before them. The boy had sustained some severe falls in recent months, and it was feared that some serious lesion of the brain or medulla had resulted, affecting the powers of speech.

But a careful medical examination fully justified the saying of this child at the beginning of his speech obstruction, to wit: "Don is sick—Don can't talk;" examination of his stools, passed regularly twice a day, revealing a condition of mild lenteria; pale imperfectly digested stools. His rolled-oats mush breakfasts were manifestly not agreeing with him. His urine was loaded with phosphatic matter. Thermometry revealed a subnormal temperature. The diagnosis was indigestion and malnutrition, causing reflex irritation of the medulla oblongata, whence proceeded directly the defect of speech.

This child has been carefully dieted by intelligent parents. He has not been allowed meat, which was considered unfit for the best nourishment of young children. His mamma had carefully protected him from any possible excess of sugar or candy, having special regard for the welfare of his digestion and the preservation and development of good teeth. His eating was done almost solely at regular meals three times a day; and hitherto it has been fondly believed that all of these matters had been managed with distinguished success.

But now it was ordered that he should have no more oat mush, but should eat freely of beef, mutton, or veal, milk, and eggs; also that with or after meals he should have sugar or candy galore. In the mornings before dressing he should have about three quarts of cold, October hydrant water, slowly poured a-down his back, beginning at the cervical portion of the spine. Daily massage of the cervical spine was employed with inunction of dilute guaiacol. The change of diet was received with avidity, digestion manifestly and quickly improved, rest at night was quiet and refreshing, bodily strength increased, and speech became normal after about ten days wandering in the stutterer's wilderness.

Donald Robert inherits no tendency to this or any neurosis from either parent. His attack and its outcome forcibly remind us of the reflex spasms and convulsions of infancy so common as the result of indigestion, worms, etc.

Klencke cites cases in which the stuttering made its appearance after a long confinement to an innutritious diet, and disappeared after the patient had been supplied with adequate nourishment for about a year.

The dietary suggestion herein would lead us to avoid excessive dogmatism in the appointment of the food and the feeding of young children, and to watch closely the progress and condition of the individual.

(As it has not pleased the Creator to make all birds, beasts, bull-frogs, and bodies on the same pattern, one must avoid the error of subjecting all to the same diet. Beware of the man with a fad, with sweeping, radical reforms, glittering generalities. He may be right sometimes, but he is surely wrong in other instances. Study the appetite and find out what it means. It always means.—Ed.)

There is probably less study given to diet by a large majority of doctors than to any other subject pertaining to medicine. To many physicians and laymen the knowledge of dietetics that they possess might be called legendary rather than scientific. Statements about food that have been handed down from generation to generation are accepted as authentic. Here are a few of the most common examples of dietetic fallacies: "Fish is a good brain food, because it contains phosphorus." Meat contains more phosphorus than many varieties of fish, and those people who subsist largely on fish are not, as a rule, as intelligent as those who do not. "The 'strippings' are the most nutritious part of the milk." That is a mistake, for they contain more fat, but less casein. "Give the baby milk with bread or cracker," and yet the young infant cannot digest starch.

The editorial clipping warns against the man with a fad, but that man differs more in degree than in any other way from the man in a rut. One is visionary, the other stationary, but both are narrow. One thinks he is in advance of the times, the other mistakes a negative stand for conservatism; but both are wrong.

Some people think they are in advance of the times when they are not even abreast of them. To be in advance of the times on any science one must know all that is known of it by his contemporaries and more. The man who introduced electricity as a therapeutic measure gave to medicine one more valuable curative agent, but it did not necessarily follow that he was a more competent, or even as good, a therapist as those who knew more about the rest of that branch of medicine. Other illustrative examples might be given. A well-known and highly esteemed ex-Governor of Illinois and ex-United States Senator, in an address to physicians, said that when he was a young man a man might stand head and shoulders above his fellows, but now it required a mighty good man to keep abreast of the times. We believe that doctors will agree that the statement of the blunt old statesman is correct. A persevering, laborious, self-denying life in acquiring the common knowledge of the entire profession is essential not alone for the purpose of attaining preëminence, but for maintaining a position in the van, in preventing faddism and from becoming rut-bound.

50. **CHANGES IN MILK BY BOILING.**—Kerr, in the *British Medical Journal*, says: There are reasons for supposing that when fresh milk is ingested the living cells are at once absorbed, without any process of digestion, and enter the blood-stream and are utilized in building up the tissues. The casein of the milk is digested in the usual way of other albuminoids and absorbed as peptone. There is also absorption of serum albumen by osmosis.

The chemical result of boiling milk is to kill all the living cells and to coagulate all the albuminoid constituents. Milk after boiling is thicker than it was before. The physiological results are that all the constituents of the milk must be digested before it can be absorbed into the system; therefore there is a distinct loss of utility in the milk, because the living cells of milk do not enter into the circulation direct as living protoplasm, and build up the tissues direct, as they do in fresh unboiled milk.

In practice it has been noticed that there is a very distinctly appreciable lowered vitality in infants which are fed on boiled milk. The process of absorption is more delayed, and the quantity of milk required is distinctly larger for the same amount of growth and nourishment of the child than is the case when fresh milk is used.

It is possible there may be two sides to the question of altering milk. Already it is claimed that Pasteurizing milk is preferable to sterilization. Now comes the statement that the vitality is lowered in infants by the use of boiled milk, and that digestive organs are subjected to more work when it is ingested than when taken in the raw state. How may food be made antiseptic without causing physical or chemical changes without overtaxing the digestive and assimilative organs? is the problem that presents itself for solution.

51. **PHIMOSIS AND PREPUTIAL ADHESIONS.** M. L. Huntington, M.D., Darlington, Wis.—The widespread interest now manifested by the medical profession in the study of reflexes gives promise of inestimable benefit to humanity and of great possibilities to the fraternity. Wonderful progress has been made toward the solution of many difficult medical problems, and still we are only

at the doorway of what is to be. Not many years ago epilepsy, chorea, asthma, neuralgia, and many other conditions were believed to be entities in the pathologic world, which now are known to be the result of some local pathology whose relation was undreamed of by our predecessors. And the time is coming when many of the so-called diseases of the present time will be known as reflex conditions, and will be cured by directing therapeutic measures to organs which are now little suspected of standing in a causative relation.

One large and troublesome class which I am satisfied will come under this head, is that of the so-called skin diseases. Some of them are already known to be the result of disease of distant organs. Phimosis even has caused scrotal eczema, and also eczema of the lower abdomen. It is only a short time since I read of a case being cured by circumcision after having resisted all other treatment.

Phimosis and preputial adhesions apparently trivial and so often overlooked by both parents and the physician, are a fruitful source of irritation, and consequently of nerve waste, which sooner or later is bound to make its impression upon the general nervous system or upon some special nerve tract. One of the first effects of this irritation to be noticed will be found in the genito-urinary tract itself. I have yet to find a case of infantile priapism which is not associated with phimosis, or preputial adhesions, or both. And in every case correction of the abnormality has put a stop to the priapism. Is it any wonder that a condition which will cause priapism in an infant upon the slightest provocation will lead to self abuse at puberty? The boy—or girl for that matter—who gravitates into the vice of masturbation at or near puberty is more to be pitied than censured, and will often receive far more benefit from a slight surgical operation than from a series of sermons and floggings.

Another effect upon the infant produced by one or the other condition, or both combined, is frequent and painful urination, even though there be no obstruction to the preputial orifice. This I have relieved by breaking adhesions which were so slight that they might easily have been overlooked, had not careful search been made for them.

Enuresis nocturna is another condition which no physician should prescribe for off hand, no matter how zealously he may question as to whether it occurs in first sleep, or toward morning; whether while on the back or on the side and so on. Such nonsense may have led to success in a few instances, but in vastly more it has led to disappointment, and no man who is truly entitled to be called physician will be satisfied with such as that, but will search diligently for its cause. And very often he will find it to be irritation at the head of the penis in the male, and at the clitoris in the female. Adhesions often cause it, and in that case a very slight movement of a dextrous hand will do more for the patient than the causticum *im.* repeated once a fortnight ever dared do.

The cause of disease will often be found where it is least suspected of being; so in looking at an infantile or youthful hydrocele, cast a glance upon the prepuce, and if redundant or adherent, care for that and the hydrocele will almost certainly take care of itself.

When an anxious mother says that she is afraid her baby is ruptured, and upon examination you find that her fears are well founded, do not pin your faith complacently upon the traditions of *nux vomica*, but take a little time to look further. Phimosis, or adhesion of the prepuce or hood of the clitoris may have produced sufficient antenatal irritation to have arrested development at the inguinal canal. If it has, stretch or excise the redundant prepuce, break adhesions, support the hernia, and there will be no occasion to give your *nux*.

That the irritation produced by an abnormal prepuce, when continued for some time, is profound and far reaching in its effects, is shown by the statistics of Barwell, which illustrates the remarkable association of this abnormality and morbus coxarius, or the modern tuberculosis of the hip joint. He found that out of one hundred consecutive cases admitted to Charing Cross Hospital, eighty-three had phimosis and that only six out of the whole number had a normal prepuce. It may be said that this coincidence of sexual irritation and hip disease is not confined to the male sex alone, for it was observed

that, although the occurrence of hip disease was not so frequent in the female, there was nevertheless a corresponding proportion of cases showing sexual irritation of some sort. It cannot be claimed that an abnormal prepuce caused a tubercular disease of the hip joint, but it is claimed that the constant irritation of the exquisite nerve supply of the glans penis reflected to the hypogastric and lumbar plexuses and also to the spinal cord, at a time when great trophic changes were taking place in and about the hip joint, so influenced its nutrition and development that a favorable soil was produced for the development of a tubercular disease. A fact which still further emphasizes the association of hip disease and abnormalities of the prepuce is this: At the Eveline Hospital, which is largely patronized by the Jews, hip disease is rare, and of the few cases which are admitted, the majority are of Christian birth.

"There is never effect without a cause," is an axiom which might well be printed in large letters, framed, and hung in every physician's consultation room. It might lead him sometimes, after a perfunctory examination had revealed nothing but symptoms, to more diligent search for that which it is his duty to find—the cause.

How many times children are brought to us with this question, "Doctor, can you do anything for a cross baby?" I dare say, that we all of us often fail of doing our duty in such cases. We examine the gums, inquire as to the condition of the gastro-intestinal tract, and dismiss them with a little cham., bry., nux., or some other remedy, utterly failing to get a satisfactory and accurate knowledge of the real cause of the child's troubles. In such cases an examination is not complete without investigation of the genitals. In my own experience correction of an abnormality of this kind has apparently changed completely the disposition of a child so far as irritability is concerned. And Dr. T. G. Comstock says that in his experience, case after case of nervousness in children, and sleeplessness in young infants, where a redundant prepuce was found to exist, have been benefited by an operation to relieve the same."

That two very common and very serious, reflex diseases, epilepsy and chorea, often have their origin in sexual irritation, are facts too well known to require more than mere mention.

There are many other diseased conditions attendant upon the existence of phimosis and preputial adhesion, which I will dismiss by naming, such as cystitis, lithuria, pyelitis, prostatic enlargement, mental weakness, insanity, trismus, neuralgic hysteria, paraplegia, spinal irritation, incipient spinal curvature, ataxia, club-foot, knee-joint disease, spasm of ciliary muscles, and strabismus.

As to the methods of doing circumcision, I have nothing to say, for they are well known by all.

In my first cases of adhesions I had a little trouble from their recurrence, but now I never do. After they are broken, and the parts thoroughly cleansed, I cover the raw surfaces with aristol, draw the foreskin over the glans, and dismiss the case with instructions to cleanse and reapply the aristol every other day for a week.

Whether the experience of others corresponds with my own I do not know. But I have noticed that an uncomplicated phimosis produces less reflex disturbance than adhesion without phimosis, and that phimosis with adhesion produces by far the most.—*Minn. Homeo. Magazine.*

The clipping is complete in itself.

There is a difference of opinion as to how much of the foreskin should be removed; whether the entire glans should be left uncovered, or the glans should be partly covered. We think the latter preferable. There is considerable guess-work in some methods of doing circumcision. Pulling the skin forward and cutting it off without any guide is attended with too much guess-work on the part of those who do not frequently perform the operation. Slipping the skin forward over the glans with forceps leaves the mucous membrane intact after remov-

ing what is in front of the forceps, which necessitates trimming said membrane, which requires quite a little skill to do just right. To slit up the dorsum and trim the sides is not the easiest method, especially for those who do the operation only occasionally. Fasten a small pair of spring forceps to the skin on the dorsum of the penis two-thirds distance from corona glandis to the meatus, fasten another pair to the skin beneath just anterior to the end of penis. Attach the forceps while the foreskin is in its natural position. Then catching skin and mucous membrane above and below with tenacula draw forward and amputate with scissors in front of forceps, making the incision curve forward from lower to upper forceps. Put in sutures and dress, leaving but one-third of glans penis uncovered. If edge of wound be drawn back of glans and dressed in that position it will remain there.

JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

THE LAST CLINIC OF THE COLLEGE YEAR, HELD AT
COOK COUNTY HOSPITAL, JAN. 23.

(CONTINUED FROM THE MARCH NUMBER.)

"We will now ask your attention to a few interesting cases of abscess which you have had the pleasure of meeting before, and I am sure will be glad to consider a second time, reserving the part which orificial surgery has had to play in the clinic until the last."

Before presenting the abscess cases for your consideration, there are two cases of hernia which I would like to show you to illustrate subcutaneous stitching, the results of Kocher's operation, and also of the method of closing the entire wound in one long continuous suture, accomplished with a single thread of catgut, the wounded margins of the skin being brought together by the subcutaneous method.

Case No. 9.—This was a case of complete inguinal hernia of several years' standing, and was operated upon in your presence upon the day of the thigh amputation of the young girl and of the leg amputation of the young lad whose stumps have just been presented for your inspection.

After severing the skin and superficial and deep fascias covering the inguinal canal, securing the superficial external iliac and superficial epigastric blood vessels which were severed, the inguinal canal was laid open and the hernial sac seized with a pair of tissue forceps. The sac which, of course, extended well into the scrotum, was then dissected loose from the structures of the spermatic cord which adhered to its posterior surface, and was also loosened from its attachments to the internal abdominal ring. It was then opened and carefully examined at its mouth to see that there were no omental or intestinal adhesions. A grooved director was then entered at the internal abdominal ring beneath the edge of the three abdominal muscles, was forced directly

upwards through the transversalis fascia, care being taken not to penetrate the peritoneum, and then brought out through the muscular walls of the abdomen about two inches above and half an inch external to its point of entrance. The perforating end of the grooved director was then seized by a pair of artery forceps, and the grooved director, still held in the grasp of the artery forceps, was then withdrawn and released from the grip of the artery forceps, which now occupied the track which it had made. The end of the hernial sac was then slipped within the expanded blades of the artery forceps and firmly seized as the instrument was closed upon it. The artery forceps was now withdrawn from the track and, of course, dragged after it the hernial sac. In penetrating the abdominal muscles with the grooved director care was taken that the aponeurosis of the external iliac was well pulled down, so that the opening through it should be sufficiently high to permit its lower margin to be reunited to the fragment of the aponeurosis still clinging to Poupart's ligament. A medium sized curved needle, threaded with a long catgut, was now employed, first to stitch the hernial sac firmly in its new position, after which the redundant portion of the sac was removed by a pair of scissors, and then made to close in a continuous suture first the inguinal canal, next the superficial fascia, and last the wound in the integument, subcutaneous stitching being employed. The wound was then dusted with iodoform and dressings applied, and the patient returned to the ward, after ordering a hypodermic of a quarter of a grain of morphine.

In this institution iodoform is universally employed as a dry dressing. In private practice, I have found nosophen to be so much its superior in every possible way that I can heartily recommend it to you as a universal substitute for the offensive and occasionally poisonous iodoform.

Union took place in this case by first intention, the recovery being uneventful and without the exhibition of either fever, pain, or pus. Nothing but a fine red line marks the site of the operation, and this will in time turn white, and finally so nearly disappear as to leave scarce a trace of surgical interference.

Case No. 10.—This case was not operated upon in your presence, but was an emergency case. The subject was healthy, of good habits, and perhaps twenty-eight years of age. The hernia was not of long standing, but during the act of lifting was increased beyond its usual proportions and at once became strangulated. Stercoraceous vomiting had supervened before his admission to the hospital, so that immediate operative interference was demanded as the only means of rescuing the man from premature death. It was impossible therefore to hold him for the clinic, and hence the operation upon him was performed

privately. The case which you have just seen was one of complete inguinal hernia. This one was what is known as a bubonocoele; that is, the intestine had never pushed its way into the scrotum, but became lodged in the inguinal canal. The interne who was examining surgeon on the day of his admission deserves great credit for making so skillful a diagnosis, for the man was brought in manifesting merely a condition of pallor, prostration, and pernicious vomiting of a stercoraceous character. A well defined case of complete inguinal hernia would have been readily observed by even a tyro in the practice of medicine, but a bubonocoele is frequently overlooked even by experts, and hence I desire to pay this public compliment to the interne, whose careful scrutiny so quickly and correctly ascertained the cause of the extreme illness from which the patient was suffering. He belonged to the staff of the regular internes and hence I do not know his name or I should mention it. After the patient was anesthetized and the field of operation properly prepared, an incision was made over the summit of the small tumor, which presented itself in the groin just above Poupart's ligament, and the layers of fascia were carefully separated until the hernial sac was reached. As the tissues parted under the knife and exposed the hard, rounded tumor, but little larger than an English walnut, the latter was seen to be of so dark a color as to indicate that the strangulated tissues were either dead or dying. As there had been sufficient inflammatory action to cause the sac to adhere to its contents no effort was made at this time to open the sac immediately over the tumor. In order to avoid this procedure the index finger of the operator was carefully inserted under the upper margin of the internal abdominal ring, a narrow-bladed bistoury was then passed along the palmar surface of the finger sidewise until it passed the neck of the stricture, its cutting edge was then turned upward and the muscular tissues bounding the upper part of the ring were severed perhaps an inch. The severed muscular fibers were then held widely apart, and in the intervening space a pair of tissue forceps were employed to tear away the transversalis fascia and seize the parietal peritoneum at the bottom of the wound. An opening was then made through it sufficiently large to admit the extremity of the index finger, which was now turned downward, and by breaking up the adhesions, was made to pass between the sac and its strangulated contents, the incision in the sac now being carried as far as its lower extremity. The contents of the sac could then be observed, and were ascertained to be a knuckle of the ilium, which was thoroughly black in appearance and so softened that great care was required to avoid perforation in handling. The adhesions between the strangulated gut and the containing sac were then completely broken up at every point. They were quite firm at the point of constriction, where the adhesive

inflammation had been most active. The next point to be determined was whether or not the hernia should be reduced and the gut returned to the abdomen or resection practiced. The mere severing of the internal abdominal ring, although of course it stopped further strangulation, did not serve to restore the normal color of the gut, which still remained as black as when it was first exposed. Fomentations of sterilized water at a temperature of 110 deg., and frequently changed, soon transformed the uniform blackness of the exposed knot of intestine to a mottled appearance of red and black. These were continued until the black color had almost entirely been displaced by a dark cherry red, thus demonstrating to a certainty that the life of the part was not entirely destroyed and that in due time its accustomed vitality would surely be re-established if returned to its normal position and left unmolested. It was then carefully slipped back into the abdominal cavity, and the wound closed after the manner of case No. 9 just considered.

There were two especially important points to be observed in this case: First, the necessity for entering the peritoneum above the neck of the tumor, for if an attempt had been made to sever the peritoneum over the tumor itself the underlying adhesions would have ensured making a wound in the intestine; and the other point was to correctly determine by the application of fomentations whether the knuckle of strangulated intestine could safely be trusted to recover its tonicity if restored to its normal place in the abdominal cavity, or must be doomed to excision. Of course the strangulated segment was handled as little as possible, as in its debilitated condition even a slight additional bruise by the operator might be sufficient to induce a slough with its attendant perforation and fatal effect.

Sometimes you will think it best to operate upon reducible cases of bubonocoele. You must not forget that in all such cases there is a hernial sac which must be secured and treated either by Kocher's or some other satisfactory method in order to secure desirable results. Many times the sac is so small as to make detection difficult unless search is made in the immediate proximity of the internal abdominal ring. In this case the hernial sac was treated after Kocher's method and the wound closed by a single continuous stitch as in the previous case. Like the other case also the wound healed by first intention and without incident worthy of note. Owing to the paralyzed peristaltic action due to the strangulation the usual hypodermic of morphine was withheld for some hours after the operation, being administered only upon the appearance of sufficient pain to call for relief.

Most cases of peritonitis following laparotomies are due to a paralyzed peristalsis and consequent accumulated flatus in the intestines. To emphasize this point I should like to narrate a case which occurred a

few years ago in private practice. The patient was a man of about sixty years of age, and presented himself not for a laparotomy but for an operation upon merely hemorrhoids. These were removed by excision. The denudation of the mucous membrane, however, was considerable, and as the man was a good healer the parts for the time being became quickly agglutinated to a sufficient extent to prevent the escape of flatus. On the day of the operation I was called from the city and left the case in the hands of an assistant, who had not been long in my service. Returning two days later my assistant informed me that the patient was suffering from peritonitis, and was in an extremely delicate condition, and desired me to proceed at once to his bedside. I found his pulse rapid and thready, his temperature 103, his abdomen tympanitic, hot and tender, and the case looked serious. Without delay, however, I took from my pocket case a female silver catheter, inserted it in the man's rectum, and the incarcerated gas immediately found its escape. At once the pulse became stronger, the tympanitis reduced, the heat in the abdomen became less, and the temperature was slightly lowered. An enema was administered to the patient and an evacuation of the bowels effected, and the peritonitis was completely terminated in something less than three hours' time. Peristalsis in this case had not been paralyzed or the case would scarcely have been so quickly relieved, the flatus being held in confinement by the agglutination of the tissues at the anus.

But in cases of laparotomy, where the pelvic tissues have been permitted to remain entirely unmolested, a paralyzed peristalsis may serve to induce fatal peritonitis if the difficulty is not correctly diagnosed and speedily overcome. Morphine has a tendency to paralyze peristalsis, and for this reason is more or less dangerous in laparotomies. Its administration, therefore, should never be routine, but subservient to surgical judgment as to whether or not the sympathetic nerve is in a sufficiently tonic condition to permit safely the exhibition of the drug. A few hours of pain subsequent to an operation is frequently a sufficient tonic to re-establish peristaltic action in enfeebled cases to a sufficient degree to render the administration of a small dose of morphine comparatively safe.

In the case before us the strangulation of the intestine had lowered its vitality and rendered it necessary to guard carefully the point under consideration. This is why the exhibition of morphine was delayed for some hours after the operation, and was finally administered only when a considerable period of acute pain had ensured a satisfactory degree of reaction on the part of the patient. Of course, pain is suffered by the cerebro-spinal system, but the two nervous systems are so closely

associated that cerebro-spinal and sympathetic reaction are in most cases synchronous.

Immediately before closing the wounds in both these cases of hernia they were subjected to fomentations of bichloride of mercury 1-5000, at a temperature of 110 deg., as were the stumps in the cases of amputation just considered.

And now for the cases of abscess:

Case No. 11 will need but brief comment. This lad is certainly under twenty years of age, and appeared before you last week, presenting a large fluctuating tumor in the region of the scarpa's triangle, not reaching within an inch of Poupart's ligament. The tumor was dark in appearance, and too low to be a product of infection from the sexual organs. As he presented no ingrowing toe-nails or sores of any description upon the lower part of the leg, the most likely excuse for the appearance of the tumor was that of direct violence, which we found to be the case. But on opening the tumor it was shown to consist of an enormous hematocele, presenting but a slight trace of pus. Enquiry resulted in the fact that he had been kicked in the upper part of his thigh and undoubtedly a vein had been ruptured and the hematocele thus induced. The clot was just degenerating into pus. The tumor was evacuated. You will remember that four openings were made in the margin of the abscess, one being located on the outer side of the thigh, one on the inner, and one at the upper, and the other at the lower margin of the cavity. All the openings were sufficiently large to admit the index finger. The contents of the sac was thoroughly removed, the sac cleansed, and tubed. It has since sustained daily dressings, and is now sufficiently recovered to justify the partial removal of the tubes. They are first to be spared from the center of the cavity. There are but two tubes, one connecting the upper and lower openings, and the other the inner and outer, the tubes crossing at their centers. The object of our present attention to the case is to remove both tubes completely, sever each in the middle, and reintroduce the four segments through the several openings in such manner that they will permit the center of the large cavity to collapse, while we retain the four openings to it still patulous, the idea being to secure union of the cavity from within outward. In the course of another week the tubes can be entirely dispensed with, as at the rate of healing already manifested their presence will be no longer necessary. Hematoceles so extravagant in proportion as the present one are so rare in this locality that in all my surgical experience this is the only case of the kind that has ever come under my observation.

If after the evacuation of the broken down blood clot the oozing of blood had continued, it could have been controlled by pressure. Such a

proceeding, however, was not necessary, as the history of the case indicates. The convalescence has been, and will continue to be, uneventful, and after another two weeks the patient can undoubtedly be discharged from the hospital. Your attention was again called to the case mainly because of its unique nature.

Case No. 12.—This case is a poor woman and the mother of four children, who are anxiously watching for her home coming. You have not seen the case before, but it is one of unusual interest, and therefore worthy brief attention. When she came to the hospital she was troubled with night sweats, rapid pulse, temperature varying from 100 in the morning to 102 or 103 at night, and upon examination presented a tumor as large as a small orange on the left side of the pudenda just in front of the pubes. Palpation of the tumor caused it to disappear with gurgling sounds, after the manner of an inguinal hernia, a rare affection in women. Bimanual examination through the vagina and over the abdomen disclosed a rounded enlargement of the size of a cocoanut resting in the left iliac fossa. Pressure upon this deep-seated tumor caused the external swelling on the pudenda to reappear. Manipulation of the pudendal tumor would again induce its disappearance, always with the same gurgling sound. The diagnosis of the case was abscess containing a small quantity of gas in the left broad ligament. The accumulated pus and gas had found their way along the internal abdominal ring, through the inguinal canal, and out at the external abdominal ring into the areolar tissue located around that opening.

She was placed upon the operating table and the diagnosis confirmed by an operation, which laid open the inguinal canal to a sufficient extent to constitute it an exploratory incision. Fully a pint of pus was evacuated through this opening, and as the woman was very weak, no counter opening was attempted, but the abscess simply drained in this simple manner. After the draining of the abscess her condition has somewhat improved. She still has some fever at night, but it does not run so high as formerly, the abscess is subsiding, and the pulse is lowered. Careful palpation by way of the vagina discloses the fact, however, that the abscess is not thoroughly drained, and so she is brought before you to-day under an anesthetic for more thorough work.

At the time of the opening of the abscess, while the index finger of the operator was exploring its depths he encountered a small round cord, which was stretched tightly across it. It was so friable that under the manipulation, although delicate, it snapped, and the profuse hemorrhage which immediately followed proved it to be an artery, probably the vesical artery of the left side. This was effectually controlled by packing with iodoform gauze.

We will now place the woman in the lithotomy position, and by

making a counter opening in the abscess by way of the vagina secure for it a more complete drainage. By the double tenaculum, while the vagina is being held apart by a broad Sim's speculum and a retractor, we will hold the cervix to one side by means of a double tenaculum and select a point for the vaginal opening. This had better not be immediately in front, as in this situation there is some danger of injuring either the bladder or peritoneum. Of course such an accident would by no means be necessary, but it is better not to incur the danger. If we made the opening on the side of the cervix and proceeded upward we would be in uncomfortably close proximity to the uterine artery. By selecting a point half way between these two, however, and hugging the uterine tissue closely, we can find our way to the abscess after a manner both safe and satisfactory. Having now severed the mucous membrane of the vagina with a pair of scissors, by means of a grooved director, we will force our way through the areolar tissue until the wall of the abscess is reached, which we can ascertain, first by palpation, and second by the increased resistance encountered to the progress of the instrument. At this point we will force the instrument through the obstructing wall. We will now pass an artery forceps along the groove in the director, and then spreading its blades, withdraw it, in this manner tearing the tissues apart. A common pair of uterine dressing forceps introduced through this canal can now be brought out through the opening in the left groin. We will now open the jaws of the instrument, seize a rubber drainage tube as large as the index finger, and as we withdraw the forceps pull the tube along the new opening just made. We will now stitch the tube to the vaginal opening, permitting it to extend down into the vagina for about an inch. The cavity about the upper part of the tube is so large that we will pack it in either direction with iodoform gauze. The woman can be removed to the ward.

E. H. PRATT.

(To be continued.)

RECTAL FEEDING.

FREDERICK F. TEAL, M.D.

OMAHA.

In looking over the medical literature on the after-care of diseases, both medical and surgical, one is struck with the variety of suggestions in the matter of feeding. Alimentation is the problem to be solved in almost every case of a moderate nature, and sometimes a very serious problem. There seems to be a great divergence of opinion among doctors on this point. Milk has been the standby, seemingly, in the

majority of instances. It has been the writer's experience, however, that about five people out of ten like milk, and about ninety per cent of this number cannot take it when sick with diseases which have weakened the stomach. Scores of prepared foods are on the market advocated as being "the only preparation that can be retained on a weak stomach." Many times these products, while excellent, cannot be tolerated, and occasionally a patient may slip away from us from sheer inability to entertain sufficient nourishment. Rectal feeding is usually mentioned in our journals and text books in connection with the nourishment of a sick person. It is an old practice, however. One case is noted in medical literature of a person who was kept alive for eight or ten weeks on nutrient enemata. The indications for rectal feeding are legion; the contra-indications are few.

Diseases of any kind involving the mouth, œsophagus or stomach, paralysis of the muscles of deglutition, etc., may call for this method of feeding. In most of the acute fevers, the stomach is deranged; this winter in a number of pneumonias, also among a great number of grippe cases, there have been considerable nausea and gastric distress. In severe instances, at the termination of the disease, when nourishment is needed most, the writer has found it impossible to properly feed the patient *per orum*. After pneumonia of old people, and in diphtheria convalescents, the mere act of swallowing will sometimes send the heart up to a dangerous rate. In gastric disturbances incident to the earlier months of pregnancy, rectal nourishment is sometimes necessary to keep the woman alive if the vomiting is at all pernicious. I have one instance of this character under my care now. A young woman was losing flesh and strength fast. I tried all sorts of suggestions as to her diet, and prescribed to the best of my ability, but with no result. She did not grow corpulent on rectal enemata, but it tided her over a distressing period, and in a short time the severe stomach trouble was conquered.

In obstruction of the bowels of any sort, both before and after operation, it is about the only means of keeping the strength of the patient up. Among the more chronic conditions, it is a great advantage in cancer of the stomach. In ulceration of the stomach, the writer believes it to be about the quickest way out of a bad predicament to put the patient to bed, and institute rectal feeding for about ten days, using such remedies as may seem indicated. After this time, a liquid diet *per orum* may be given cautiously and gradually.

As before stated, the contra-indications for rectal feeding are few. In all diseases of the lower bowel of acute, chronic or malignant character, also during the repair or surgical operations in that region, it, of course, is not indicated.

One of the main reasons for the advocacy of this method of nourish-

ment is its simplicity; any intelligent man or woman can perform it with one or two trials. A rectal tube of soft rubber and a fountain syringe complete the necessary outfit; the tube should be from sixteen to twenty-four inches long. A preliminary flushing with warm water should be given, and the tube oiled to facilitate its passage. This can be done without the patient exerting himself, and, if necessary, without uncovering him; there being no "taste-beakers" in the rectum, the palate of the patient is not consulted; milk can be given here without any trouble. If the patient is very weak, a stimulant may be mixed with the milk; whiskey is one of the best. Raw egg and milk, beef-tea, chicken broth, koumiss, peptonized milk, coffee and milk, and a great many other good agents make a list of nourishing enemata almost too long to choose from. From four to six ounces is about the proper amount to give at each injection. The periods of feeding vary with the kind and severity of the case in hand; it may be as often as every two hours. From three to six hours is the usual time.

Sometimes in a paralytic condition of the bowels the enemata are not retained, the fluid running out the sides of the tube as fast as it goes in. If so, a convenient vehicle is the nutrient suppository. Any cook or house-wife can prepare it. Beef-tea is boiled down until it is quite thick. Mix an equal amount of cocoa butter with it and allow the mixture to cool. Then cut into cone-shape pieces and insert. In the paralytic condition referred to, some non-absorbent material must be used to plug the rectum, as the suppository soon melts. The rectum has of late years been charged with the authorship of many bodily illnesses. I wish to stand up for it as a valuable servant in the matter of nourishing and feeding the body.

The regular school use it sometimes as an entrance for their medicines. For the intense thirst following abdominal operations, salt solutions per rectum are very satisfactory. It is good practice now to use saline infusion to increase arterial tension; in profound septic conditions and in uræmic convulsions, transfusion or infusion of the normal salt solution has been found very valuable. Sometimes these methods are not practicable; here rectal injections of salt solutions answer very well. I have seen the pulse strengthened in a very short time from this practice. Originality is not claimed in this article. The writer offers these suggestions to those who are not in the habit of using rectal feeding as one of the first resorts in the nourishment of a sick person.

RHEUMATISM AND CALCULUS.

WM. C. HARRISON, M.D.

LOS ANGELES, CAL.



As it gives me pleasure to be able to testify to the efficacy of orificial work in the treatment of that great stumbling-block to medical science, rheumatism, I will report a case radically cured.

Case 1.—Mr. McP., railroad man; age, 60 years; weight, about 195. History, has suffered with rheumatism for several years; latterly has used crutches for locomotion; "has swallowed barrels of rheumatic cures, prescribed by doctors, and recommended by druggists, and others;" was treated at Soldiers' Home. Came to me on July 25, 1898,

without hope. Experienced great difficulty in getting on my table for examination. I found the pile-bearing inch a mass of highly inflamed, angry-looking tissue; large tumor covering surface over prostate; a catarrhal sigmoid and colon; a very narrow meatus. The following day, under anesthetic, opened meatus, passed a twenty-eight sound, removed tumor over prostate, slit mucous membrane from white line up one and quarter inch, anterior, posterior, and on lateral sides; scissored and curetted, under the spaces between slits, every vestige of vein and diseased tissue; dilated and treated sigmoid and paralyzed sphincter, with after-treatment for six weeks. Improvement was gradual, until at that time he walked without a stick. Yesterday he walked into my office with a firm and swinging stride, informed me he was doing hard work, had no ache or pain for several months, and never felt better. No medicine after operation—restored circulation alone did it.

Case 2.—I report this case merely to call attention to the gross carelessness of some of our brothers, not orificialists, who stand high in the profession. Mr. M., grocer; age, 62 years; suffered the greatest agony "because he could not pass his water, yet it continually dribbled away and burned like it was boiling hot." I asked, "How long has this been going on?" Answer, "Since first February" (this was April 19th). Question, "Why no relief?" Answer, "Had three of the best doctors in the city." Question, "Did these doctors examine you?" Answer, "Dr. D. did—said when I got over this, to come to his office, and he would enlarge my meatus—it is too small."

On examination found meatus almost closed, pouting and ulcerated (was shown a dozen bottles of medicine on sideboard in conditions from empty to nearly full). I inserted a curved bistoury, cutting well down toward frenum. On attempting to pass a sound, came in contact with an obstacle, just back of glans. Used dressing forceps, and brought out a calculus half inch in diameter, of olive shape. He then voided about twenty-four ounces of urine. Ten days after treatment found him a well and grateful man, vowing he would show the stone to the doctors.

AUTO-INTOXICATION.

• C. MANVILLE PRATT, M.D.

TOWANDA, PA.

Good old Professor Wormley, some time since happily called to rest from his well loved labors at the University of Pennsylvania, used to define to his classes in chemistry a poison as "something which, taken into the system and being *absorbed*, is capable of producing deleterious effects." The keynote of the definition was the word "absorbed."

Jackknives, forks, store teeth, various odds and ends, have been frequently swallowed, accidentally or with malice aforethought, and produced more or less deleterious effects, according to their size and the internal abilities of the swallower to care for them; but they were in no sense whatever poisons—they could not in the very nature of things be absorbed, and though they might have even produced death itself, it was not death from poison. Various substances, well known, are therefore classed under the head of poisons, because experience has shown that when taken in various ways into the system and being absorbed they do work mischief to the individual who knowingly or innocently has appropriated them.

The germs accompanying certain virulent diseases as anthrax, diphtheria, tetanus, cholera, typhoid fever, have long been considered poisonous, because either possibly causing the disease or at least standing around in bad company while the trouble is on. Certainly their presence always just then and there is most suspicious, and if they do not start the fire themselves, at least they are on the ground struggling and fighting with the leucocytes, who, under sympathetic leadership, strive to put out the conflagration.

But more recent research seems to demonstrate that it really is not these germs themselves, but substances which they produce in their miserable existence, which are the real toxic principles, these so-called ptomaines being found to be most virulent and when taken into the

system and being absorbed, even in most minute quantities, capable of producing most disastrous effects. These ptomaine-producing germs may be from external sources and introduced into the organism in different ways, just as ordinary poisons are introduced in various ways—by inhalation—as the bacillus of Koch in tuberculosis or the deadly prussic acid—by hypodermatic inoculation, as the bacillus of tetanus or its spasmodic similar strychnia—by swallowing, as the bacillus typhosus, or the innocent-looking white powder arsenic—by absorption from the unprotected surface of skin or mucous membrane, as in diphtheria or poisoning from corrosive sublimate or iodoform over-lavishly used.

But man's dangers along the cinder path of life are more from within than without and he is more likely to get a poisonous amount of uric acid absorbed into his system than he is to be dosed with arsenic. He is in more danger of the sneaking little bacillus coli commune worming her quiet way through intestine into the sanctum of the peritoneum than he is having an overdose of aconite. Far more common are the convulsions of uræmia than the spasms of tetanus. These dangers from within are ever present and must ever be, from the very nature of things. Our material bodies swarm with countless myriads of bacteria only waiting the chance to be absorbed to become poisons and the normal muscular movements and every-day processes of life produce in abundance the uric acid and urea resulting from tissue change and oxidation, which, not being excreted as it should, but being absorbed, become poisons, and the person thus afflicted is auto-intoxicated, inoculated with his decomposed self—alive, but with death in his veins, and, poor fellow, he doesn't at all know how it came about and doctors are only just beginning to open their eyes and take in the situation. The part played by the orifices of the body in preserving the health of the individual when they are normal or permitting auto-intoxication or disease when abnormal can be readily grasped from the above hints.

The orifices of the body with their accompanying plexuses of sympathetic nerves do not prevent the existence of disease germs—alas, these are as ever present as sin, but they do in a most remarkable manner prevent their becoming absorbed and thus becoming poisons. How? Simply by their God-given command over nutrition and peristalsis. They are the policemen who say to the crowds of bacteria huddling around the caput coli and obstructing the daily traffic: "Move on," and on they must move. They cannot stop long enough to gain entrance through the barrier.

Suppose a poisonous germ does for a moment gain a foothold. The sleepless sympathetic, without waiting for orders from the cerebro-

spinal, at once marshals the reserve legions of leucocytes and repels boarders after a more or less brisk engagement. Suppose the orifices are abnormal or diseased, then is Sheridan away. The capillaries tighten up their channels, the leucocytes are thrown into confusion, blood stasis occurs. Secretions of various organs are thrown out of balance, absorption of "material capable of producing deleterious effects" occurs, and this is auto-intoxication. No agonizing pain of arsenical action, but insidious and real as the slow absorption of sewer gas or noisome breath of malaria.

Prevent this absorption and you prevent self-poisoning. Make the orifices of the body clean and healthy. Press this one button and the responsive sympathetic will do all the rest.

DIARRHEA.*

C. A. WEIRICK, M.D.

CHICAGO.



While the title of this paper is diarrhea, it is given up almost wholly to the treatment. This is done not only for brevity, but because doctors are so agreed on the etiology, pathology, and symptomatology that they may be found practically the same in various medical works treating the subject.

The causes may be considered under three heads, viz.: Food, habits, and other diseases.

FOOD.

Scarcely anything can be said under the first head that does not appear in the books. I wish, however, to emphasize the fact that there are exceptions to the general rule that mother's milk is the best food, and also that it is not sufficient evidence that her milk is not of the best quality because she is weak, languid, and emaciated. The following is an example of a case caused by mother's milk: Child ten months old. For a month preceding an attack of diarrhea it did not appear to feel as well as usual—it gradually became pale, peevish, languid, with loss of appetite and weight. These symptoms appeared so slowly that they did not at first attract special attention, and when they did, were attributed to

* Read at the Homeopathic Medical Society of Chicago, at February Meeting.

the hot weather of mid-summer. There came suddenly high fever, complete anorexia, frequent offensive stools, and an expression indicative of serious illness. In a few days the fever subsided, and the patient slowly seemed to improve; then there was a slight aggravation. For several weeks aggravations and improvements frequently occurred. After every exacerbation the patient was left in a more feeble condition. It did not require even the glance at the patient's face to know it was no better, the mother's face told that. I pursued, I now know, the wrong treatment; every line of treatment in a case with such a cause is wrong if it is not deprived of mother's milk. I advised that the child be weaned, the only good advice given, and was met by the positive opposition of several old ladies, God bless them, faithful, as we all know in this class of people, to the teachings of our predecessors. I wonder if the physicians of to-day will teach that which is erroneous to the coming grandmothers! The advice was followed, and resulted in a very rapid recovery.

The strong, vigorous mother with a persistently, puny, cross child, with diarrhea or without, should wean her child. Other facts about food are so familiar as not to require mention.

HABITS.

In infants a woolen garment covering the trunk should be worn even in the hottest weather. The lightest weight woolens may be used when the temperature is high. The influence of frequent changes of atmospheric temperature in the human organism is detrimental to health. An even, seasonable temperature, either winter or summer, is accompanied by less sickness than when very changeable. In the summer and autumn gastro-enteric disorders are in part the results of these changes.

The ingestion of fruit is, during these seasons, thought to be the cause of many cases of diarrhea. It is not the fruit diet, but because of its abundance—it is so accessible at all times of day that the irregular, frequent eating of it overtaxes the digestive tract, thereby producing diarrhea.

There is another increasing habit, viz., giving more and more predigested food. The most suitable food for the infant is mother's milk when it contains the normal constituents in proper proportions; but it is well to remember that it is not predigested, and that diarrhea is often caused not by the process of digestion, but by the ingestion of improper food. Predigested food weakens the digestive organs and thereby predisposes them to disease.

OTHER DISEASES.

The two most frequent examples of other diseases in this climate with diarrhea as an accompanying symptom, are typhoid fever and tuberculosis.

TREATMENT.

Treatment is prophylactic, hygienic, medical, and dietetic. Pure air, pure water, pure food, regular habits, sunlight, and rest are the prophylactic, hygienic, and dietetic measures advised.

In the summer and fall there is a predisposition to gastro-enteric diseases, and in the winter and spring to those of the respiratory organs.

During the first two seasons mentioned, diarrhea is produced by foul air, air laden with miasma and malaria. It may be slow in developing, quite the reverse in point of time from diarrhea caused by indigestible food. In these cases the loose stools persist, no matter what diet may be selected, unless the treatment be directed against the malaria in the system, or the patient be removed to another locality free from miasma.

The value of pure water is too well known to require any extended notice in a paper presented to physicians. It is my opinion that as a rule these patients do not take enough water, and that it is a mistake to restrain them from gratifying their craving for water or in not urging them to take it when no thirst exists.

There are two classes of indigestible food. First, that which contains the skins of fruit, and vegetables, the seeds and the woody fiber, mainly cellulose, ligaments, tendons, fascia, and large, not masticated, pieces of meat, also improperly cooked food. This class does not necessarily contain impurities.

Second class includes all foods in which decay, decomposition, or putrefaction has begun. All that has come in contact with anything unclean, such as utensils, hands, and nipples. Vegetables eaten raw that have not been thoroughly cleansed, and any food to which flies have access, for it has been thoroughly proven that disease germs are eaten by them and pass in an active state through their entire digestive tract, being thereby deposited on the food, and also carried by them on their feet. This classification, it seems to me, is important from a therapeutical standpoint. Both require that the offending matter be removed from the intestinal canal at the earliest possible time. After that is done, either the congestion or inflammation caused by the non-septic or mechanical irritation is quickly controlled by hygienic and medical treatment. That caused by ingesta of the second class must receive, in addition to the above treatment, intestinal antiseptics. Unless that be done, the disease will be indefinitely prolonged, with frequent ameliorations and aggravations.

Regular habits are so important, especially as a prophylactic measure, that mention is made of them, but discussion of them is unnecessary in this society. I may presume, however, to warn against assuming that the laity appreciate their value.

Sunlight might be considered under pure air, were it of secondary importance. No matter how useful are atmospheric deodorizers and antiseptics, they will never do what can be done by sunlight. People pursuing the same vocations, living in the same environment, have more recuperative power, feel and look more vigorous, when doing day work than night work. The higher orders of life will have but a partial development when deprived of sunlight. Farmers say that pigs, lambs, and calves will have but a puny growth when kept out of the direct rays of the sun. The sun's rays should be permitted to have free ingress for several hours daily to the sick room at the same time the air if necessary may be kept in motion about the patient by fanning. As there is less moisture removed from the body in a dark day with dense atmosphere than in a bright one, it is, therefore, more difficult to maintain the heat equilibrium of the body in a room kept in the former state and the patient suffers proportionately.

It is not always bodily rest, but mental, that is required. The former, in most cases, is required; but the latter is always beneficial when obtainable. It is well known that mental influences have a marked effect on peristalsis causing it to be increased, greatly diminished or irregular; the first either causing or aggravating existing diarrhea, the second constipation, the third painful diarrhea or alternate attacks of diarrhea and constipation. We have frequently seen quite sick, nervous, irritable children having diarrhea become quiet and obtain sleep when taken out riding. We have seen a young patient in an extremely serious condition that could be quieted sufficiently to sleep only when riding. The importance of mental rest is further recognized when it is remembered that its influence on the secretions of the glands of the digestive tract, not only increases or decreases their secretions, but also alters the characteristic constituents of same. To obtain the rest requires tact on the part of the physician.

Medicinal treatment may be considered under four heads:

Medicine for mechanical effect, for aseptic, and antiseptic purposes, for conservation of strength and for curative purposes.

By the first, mechanical medication, I mean the removal of nonseptic irritants, such as skins of fruit, seeds, etc. They have practically the same effect on the secretions and muscular fibers of the intestine as a foreign body does on those of the eye, viz., increase of secretion and of muscular action, the latter is spasmodic with a tendency to retain rather

than to throw off the offending substance. From the eye is a profuse lachrymal discharge, from the intestine loose stools.

Frequently severe symptoms precede the diarrhea, sometimes they appear simultaneously. In children the statement of parents that they know what the patient has eaten is not to be relied upon. An example: A child two years old, taken suddenly ill, pale, pinched face, eyes somewhat glassy and staring, plainly throbbing carotids, twitching of muscles, all symptoms premonitory of a spasm, no diarrhea. I asked the mother, whom I had never before met, if the child had eaten fruit, and received a negative answer. I suggested that she might be mistaken, but was assured that she was not. I then asserted that it had. "I know what my child eats," was the reply, made not only in words, but the flushed face, the flash of the eye, the restrained tone of voice, and stamp of the foot suggested that for the mutual good of patient and doctor I apparently acquiesce and act. A purgative and an enema were ordered. In two hours large numbers of grape skins had passed the bowels, the dangerous symptoms had disappeared, but the diarrhea which followed continued for some days.

Another case with similar symptoms except diarrhea, appeared at once. Treatment was begun in a similar manner, pieces of apple with the skin came with the stools as a result. I think when the diarrhea sets in with the above symptoms, the case will recover more quickly than when the diarrhea is delayed, as in the first example. Aconite, belladonna, merc. cor., and colocynth are the remedies from which to select to complete the cure. Well known dietetic rules should, of course, be followed. If these offending substances be not promptly removed from the intestinal tract, it will become septic, and then will be required the use of aseptic and antiseptic measures. This treatment is frequently necessary because of the ingestion of impure food, such as particles of decayed fruit and vegetables, a very common practice, germ laden milk and infected water. These cases are not greatly benefited by a laxative, at least the benefit is not so marked as in those just considered, because it does not, as in them, remove the exciting cause, the bacteria, taken but not expelled with the food. The colon should be washed out thoroughly with sterilized water, using a fountain syringe with a flexible colon tube attached to the hard rubber tip. If the patient is weak or has had profuse watery stools, use sterilized salt in the water. One such treatment may be sufficient, more may be necessary. The water from the third washing of nitrous oxide may be used with great benefit, for the enema and for ingestion into the stomach, especially when the latter is involved. Other agents that may be used under this heading are hydrozone, listerine, salol, sulpho-carbolate of zinc, char-

coal, and sub-nitrate of bismuth, the last may be given in combination with beta-naphthol.

Treatment for conservation of strength.—There are several conditions in which this should be borne in mind. Profuse watery discharges must be checked. They consist mainly of blood serum, and in a lesser degree have a debilitating effect similar to hemorrhage. The nervous system is largely at fault. Extract of hamamelis and fluid extract of coto-bark are the most efficient remedies I have used for the purpose. They will not cure the case, but will hold in check this great drain on the recuperative powers. In some of these sub-acute and chronic cases occurring in what formerly was denominated scrofulous diathesis, cod liver oil will assist in maintaining bodily vigor. I am not sure but that there are other fats that will answer the same purpose, but I cannot speak from personal experience.

The various digestive ferments have their place under remedies for conservation treatment.

Curative treatment.—Cures are made either by nature alone or aided by the application of the homeopathic law of medication. This may seem somewhat inconsistent after what has preceded this statement, but only to those who form an opinion without due consideration. Removing from the intestinal tract indigestible food or septic matter, giving the patient a proper diet and sustaining his strength, do not singly or collectively cure him any more than it cures a burn by removing the cause of the burn or checking a hemorrhage in typhoid fever cures the ulcerated Peyer's patches. All other measures are for the purpose of removing obstacles, which hinder the cure, but the *similia* assists nature to overcome the disease, be it functional or organic.

I have experimented by using all these other measures with and without the homeopathic remedy. I know that I have not always selected the right remedy, that was my fault; but when I did, then the best was done. I make that last statement advisedly.

I do not know what better proof one could wish of its truth than to examine the records of the Foundlings' Home in this city. For several years I have had abundant opportunity to know the result of the medical treatment in this institution. I do not know a more competent and thorough homeopathic prescriber than Dr. Howe, who has charge of the medical department. Even under the disadvantages of neglect, improper food and well developed disease both constitutional and acquired of the children before admission, and the utter indifference of many of the mothers to the advice given about their care, the results obtained might cause a feeling of commendable pride in any physician who might secure them even under more favorable auspices. A large per cent of the cases are enteric.

I wish to give a few cases, showing the effect of the right remedy.

An adult male, an engineer of a stationary engine, on night duty, had diarrhea for two weeks, and continued his work. During that time I made several prescriptions, without benefiting him. The disease was having a marked effect on his appearance. I advised him to quit work and remain abed for a few days. I was told that he was only troubled when trying to rest, that when moving about he had no diarrhea. *Rhus tox.* caused marked improvement from the start, and cured in a few days.

A boy, aged three years, ate heartily of undried nuts; next day spasms and diarrhea; intestinal tract not entirely relieved of nuts until the third day. For ten days diarrhea continued, with an average of forty evacuations per day. Was at that time in critical condition. Very rapid pulse, extreme emaciation, pallid face, abdomen sunken, and slightly subnormal temperature. No indications of improvement, and apparently little hope of recovery. At a perceptible interval of time after swallowing liquids a distinct click from the stomach could be heard by those standing near the bed. Finally I found the following symptom under *Thuja*: "Drink falls audibly into the stomach." The administration of this remedy marked the beginning of an uneventful recovery.

A woman had been sick with fever and diarrhea for three weeks before my first visit—made six weeks after she had passed through parturition. There had been no rigors, was no tympanitis, no sweats, nothing about uterus and adnexa that indicated sepsis. It was not typhoid fever. On my first visit the temperature was $104\frac{1}{2}^{\circ}$. It had ranged, so I was informed, in the morning from normal to 100° , in the evening 103° to 105° . She had had regular treatment, and in the opinion of herself and friends, was making no improvement. She insisted on an examination of the rectum as she thought there was a tumor there because of a sensation of an immovable substance about six or seven inches from the anus. Thinking it might be due to the uterus, I examined her vagina, but there was nothing to cause the sensation. The feeling was so marked that nothing but a rectal examination would satisfy her. There was no obstruction. *Belladonna* was given for two days without improvement, the rectal sensation continued, also the high temperature and diarrhea, showing to our hypnotic friends that the mental influence of a change of doctors had no influence on the case. *Aloes* has the following symptom: "Sensation of a plug wedged between symphysis pubis and coccyx." She had other symptoms of the drug, but none so well defined. Improvement began with the use of that remedy and continued to recovery.

A child eight months old: *Gastro-enteritis*, was quiet only when

rocked. It grew rapidly worse, until at the end of the fifth day it was in a semi-conscious state. Its face was similar to others you have all seen, pinched, cool, pale, with slight bluish tinge, with fixed expression except when the rocking ceased, then slight evidences of uneasiness. At what I intended my last visit in the evening, it had changed so much for the worse in a few hours that I thought it would not live at most but a few hours. I had failed to find the remedy having the above characteristic symptoms, and now it seemed too late even did I discover it. It seemed, to search again for that remedy, like a race with Death, who already had his grip on the life of that child. I found it, or rather that unseen hand that never helps the lazy nor the egotist (who can be egotistical with such a case?), guided me. Cina has this symptom, "Will not sleep without rocking." The child had some other but not characteristic symptoms of this remedy. This is what the father said when I took the medicine to him that night: "The child has failed much since you were here; it will not live until 1 o'clock." "Discontinue all other treatment and give medicine from this package according to written directions; I will not go in to see the baby," was my reply. Next morning early I met the father at the same place, "The last medicine was just right, baby showed improvement almost at once after taking the first dose. It is very much better." The child recovered.

A MEMORY OF PROFESSOR THEODORE KOCHER.

L. C. M^YELWEE, M.D.

ST. LOUIS.



It was *pfingsten* or whitsuntide when I reached Berne from Lucerne via the Brunig Pass, and on this account had to wait four days before operations began at the Insel Spital, where Professor Kocher does his wonderful work, the institution having been formally closed, as is the custom, in deference to the ceremonies commemorative of the time when the 120 were assembled together in the upper chamber and were disturbed from their meditations by "a sound from heaven

as of a rushing, mighty wind and the appearance unto them of cloven tongues like as of fire."

I had a letter of introduction to Professor Kocher, but it was in my

trunk, which I had sent from Rome "Eilgut," and which had not arrived in Berne, some two weeks after shipment, so that was of no service just now. On inquiry from the porter of the hotel I ascertained where the Professor lived, and decided that I would call on him, even if I could not see him operate. Accordingly, the nearest drohske was called into service, and we set sail for No. 25 Laupthenstrasse. The kelnerin, who came to the door, said that the Professor was busy and could not be seen then, but to leave my card, and after consulting with Professor, that he would see me that evening at eight. Nothing remained for me to do but pass the time as best I could until that hour arrived, which I did taking snap-shots at the various interesting objects that appeared, and paying a visit to the American Consul. After dinner, I took a hasty look over my Meisterschaft to see what points of my German ought to be polished up the most, and after looking it over for a few moments, saw that I was so deep in the mire of unfamiliarity with it that I gave up in despair. I was determined to see what is considered by Senn and Bernays and Kelly and a host of others, to be the greatest surgeon in Europe, so I took my foot in my hand and my heart in my mouth, so to speak, and walked back to the handsome residence on the main street of the city. This time I was shown into the parlor by the same auburn haired, brown eyed diense that had parleyed with me that morning, with the assurance that the Professor would be in in a few moments. This was to the best of my knowledge and belief what she said, for truth to tell, I didn't understand a word she spoke. It wasn't any too easy to get the plain American spoken German, but when it came to the Swiss dialect, well, it floored me without a struggle.

In a few moments the Professor came in, and said as soon as he opened the door, "I am very sorry to have kept you waiting so long. I was very busy with a patient from France when you called, and the holidays have kept us quiet at the hospital, but I am sure there will be enough to entertain you after tomorrow." What a delightful relief. I had gone to work studying up all the German that I knew and drawn on my imagination for more to be able to, in some measure, make myself understood during what I intended to be a merely formal call, but to be so cordially addressed in my own mother tongue so completely dispelled my ideas of formality that I found an hour had elapsed before I found a place that looked like the way home. During this time we discussed goitre operations, intestinal anastomoses and brain surgery, but particularly the use of time in surgical work in general. Professor Kocher does not make a specialty of saving time during an operation, or attempt to do operations within a specified time limit, but works carefully, deliberately, and thoroughly, so that when the operation is over, and the time taken, not much has been consumed, but the deliberateness

with which he works makes it appear to have taken longer. I bade him good evening and returned to the hotel the happiest fellow in Switzerland, for the next day I was to see the best operator on the continent at his best. Bright and early I found my way to the Insel Spital, and perched on the top row of seats so as to be as much out of the way as possible, proposing to view the work with an opera-glass. The students were coming in by twos and squads of three or more, taking their places and bowing to each other with the characteristic academic stiff backed bow, the attendants scurrying to and fro getting things in shape for the fray, and the first assistant was writing the names of the gentlemen whose time it was to come down into the arena to partake in the demonstration and make a diagnosis, when the Professor entered, accompanied by two physicians, one from Russia and the other from South America. During the demonstration—a case of ileus—I had time to look around the room and see that there was room for one hundred, students, that only sixty-three were present, and, much to my surprise, eleven of these were women. I knew that France sometimes admitted women into the medical department of the universities, but didn't know it was the custom in this splendid little Republic. But they are "up even" in about everything there that is worth the while, and were in line in this particular also.

During the hour from 9 to 10 a. m. every day during the semester these demonstrations are held and five gentlemen, or ladies, are called to witness them closely, and assist (?) in making a diagnosis. And what a picnic the Professor has in this hour. His presence, though the most kindly and considerate, so overawes the students that when asked the most commonplace questions, they usually gulp and choke and swallow a litre of "frogs in the throat" amid a profusion of furious blushes and answer wrong. The students on the benches seem to sympathize, the on-looking and calloused Yankee chuckles, while the Professor smiles and reasons with their mistakes as if these youngsters were his peers.

The clinical lecture and demonstration over, which finishes promptly at 10 o'clock, the students all go to the next lecture that they are billed for, except the five who have been "called." These, with the visitors, are rigged up in linen dusters, gum shoes, and white caps, and taken into the operating-room, where they stay until the work for the day is finished, which is sometimes one hour, and sometimes three or four, owing entirely to the amount of work to be done. This day, we had two appendicitis cases, a cancer of the uterus (abdominal hysterectomy), an ovarian cyst, a goitre, and a club foot. It would take longer than the scope of this article to describe the technique of all these operations, so I'll merely give you some of the generalities. The operating-room is nearly all glass—three sides and the roof—the light being regulated by

curtains on the outside. The floor is granitoid, and is flooded with water all the time, hence the necessity of gum shoes. The professor cleans his hands with plenty of soap in running sterile water, and finally in alcohol, having an idiosyncrasy against bichloride and carbol. His assistants clean their hands in the orthodox way. He uses ether as an anesthetic, and has two nurse assistants to attend to the instruments and dressings and two men to help hold. He wears white lisle thread gloves, which he changes frequently during the operation, and has the sleeve of his apron long enough to button at his wrist. His head is covered with a tightly fitting cap, which has been sterilized, the assistants actively assisting in the work having the same preparation. As a result of this strict aseptic technique, his percentage of recoveries is marvelous. This kind of a surgical feast went on from day to day until it came time for me to leave. After the work of the day was done, I went to tell the Professor good-bye and thank him for his very great courtesy to me, when he invited me to lunch with him, which of course I accepted.

He put me in charge of his eldest son, Dr. Theodore Kocher, Jr., who took me to his home, where Frau Professor Kocher had a delightful luncheon spread, which we enjoyed to the fullest extent. During the time I had been in Berne, I had picked up a great deal of German, and it was well that I had, for Frau Professor Kocher spoke German and French, but not English, so I found it very pleasant chatting with her while the other guests were assembling. After lunch was over, I bade the family adieu, feeling delighted that I had been there, feeling that I would like to stay longer, feeling that I should like to go back; wondering if I should see such a courteous gentleman and his family of such prominence in my trip again, hoping to see them again. It was some time before my questions were answered, but I found that other person in Edinburgh at the meeting of the British Medical Society, in the person of Dr. William MacEwen, of Glasgow, met Dr. Kocher and his sons, and together with Professor Miculicz, of Breslau, had a surgical bee at Glasgow after the meeting and lunched with Professor MacEwen, after the surgical bee.

That I was glad to be there none will deny, and if you come this way, call in and I will show you a photograph of the crowd after the operations were over, after the work was done.

Should any of my readers go to the Continent, and should they be interested in surgery, a month (May, preferably) spent in the Swiss capital will yield larger practical results than is now understood.

The cordiality with which the Swiss professors and those of the South German schools receive you is remarkable, as well as delightful. A letter of introduction is unnecessary. Your professional calling card is sufficient. Make good use of your eyes and speak seldom *at the clinic* and you won't make any mistakes—in your German!

PHYSIOLOGICAL OR BIOLOGICAL, WHICH?

C. T. BENNETT, M.D.

DETROIT, MICH.

When the writer pursued his course of study prescribed by the regular college of medicine many years ago, the human body was classified under two general divisions or heads, viz.: *Anatomy and physiology*, the first being the science of the structure of the body, the formation of its framework, etc., and the second treating of its vital organs and various parts and functions. These two general divisions of human science furnished the platform for all classified instruction pertaining to the structure and various functions and movements of the human body. But neither of which taught us anything about the power which made bodily tissue and the force which builds new tissue when for any cause such tissue is required. During the past few years other classifications have been made which have added more studies to the medical curriculum. Biology, which treats of all living things, animate or inanimate, etc. Histology, or the study of the various bodily tissues under the microscope, where is found their design and arrangement, etc. Bacteriology, or the study of the different microbes found in animal tissue, bacteria, bacilli, etc., and finding how these are the cause of so many of our troubles—our aches, pains, and nearly every bodily discomfort and inharmonious action of our every organ. Other divisions could be enumerated which have appeared during the past decade or so, but all of these studies have been so worded and expressed as to hold forth and carry out the prevalent physiological ideas. Now it is not the amount of knowledge one may possess that wins success, but rather the way or manner in which the possessor applies the knowledge he has. The acquiring of useful knowledge is an every day experience in the school of life—the “here a little and there a little”—the “line upon line and precept upon precept” method that prepares every successful man to float his plans and apply the true principles of his calling. The author of this article has been seeking to learn when and by whom the prevailing physiological science or ideas took its present shape—where it originated; and in searching all available literature found among much valuable matter, some extracts from a lecture delivered before a leading biological society in Boston, at a recent date, by Prof. Virchow, one of the first biologists of the world, in which he makes known to us that this minutest bodily cell is only an organization, to which more are added and more until the whole is complete, forming the whole mass required to make the living being, and right here the learned professor states, and it should be empha-

sized: "The whole body is but a *living mechanism*." He does not go back to the primary cell and say it was a seed of one of nature's make-up charged with power or force—an individuality alone, from which a certain object could be accomplished or brought forth, but *all* the cells united and interwoven by the great Master Builder into a power receiving magazine—a rather social mechanism, calling the complete arrangement a biological being. Now since this reasoning is too self-evident to deny, why not talk, teach and act on the truthfulness of the principle and express our ideas in harmony with the same? Since it is simply a biological being, are not all the organs of the body a part and parcel of the whole being? And why not treat them as such? Ordinarily considered, the organs of the body taken together form the physiological being, from which standpoint all study is considered, expressed and carried out to-day; treating the organs as mere receptacles in a laboratory and as such every effort is made in the chemical *regime* to make them perform what is desired to be accomplished, when from any cause they are not running harmoniously. Look at suffering humanity to-day. On every hand are to be seen chronic sufferers of every name and nature of disease, with no two physicians agreeing on the same thing as to the diagnosis or prognosis of the several cases. They cannot cope with these chronic diseases, and one only need to enter any drug store to find the shelves of said drug repository filled with patent nostrums purporting to cure any and every ill.

Scientific men will cry out "Microbes! Bacilli!" but do they get down and tell us what they are and whence they came? Ah, no. They are there, and that is all they seem to be concerned about—only what shall we give to dispose of them? seems to be their one aim and object.

Will a true principle ever be found in this way? Never. In our "Ego" published in these pages last November, we learned that we had an individuality in the first cell of this biological being which united with the other cells, contained a power—an ability to accomplish something. Is there not need of accomplishing something in the whole? We think so, and we are sure no one will deny this, and hence I ask what kind of power does it? When we go back to principle, we are compelled to recognize an individuality, but must we hang on it our old physiological ideas—viz., that this body is a laboratory, the organs only receptacles therein? Never! Some to the contrary will insist that it is a laboratory, etc. It is, and we will call it nature's laboratory, but it is not made by mixing chemicals together—such composition does not produce the results wrought out by the human mechanism. But our individuality behind here does all this. And without it what will we have? Only some inert matter and nothing more. Let us return a little, how can we explain this working force or power by using the

old physiological expressions? It is simply an impossibility; we must content ourselves by saying we have performed a certain thing and have a most favorable result. Repeat it and have the same result no matter what the trouble was. Now referring to our biological being, we find an answer to our inquiry. To illustrate, take a plant, a choice one. We want it to thrive, but it does not; we call the horticulturist's attention to it and inquire what we should do. He asks: "Have you watered it regularly?" "We have." "Have you fertilized it?" Again we affirm, but it does not thrive. "Have you stirred the soil around the roots?" "No." "Well, do it." We do it, and the plant begins to thrive. It is not the lower branches, nor the upper ones that show increased growth, but the whole plant. Were we making power for the plant? Oh, no. We were making the condition through which a power began to act. In the same manner we do a like work when we get at the sympathetic system of the nerves with our bivalve and curette and stir up contracted and fevered tissue and invariably obtain a like result. For every tissue all through the body improves, not a part, but the whole. Does not this prove that we are at work on a biological creature rather than a physiological one?

DISEASES OF THE VULVA.

J. J. THOMPSON, M.D.

CHICAGO.

The diseases common to the vulva are: (1) Vulvitis, (2) Ulcers of the vulva, (3) erythema of the vulva, (4) eczema of the vulva, (5) pruritus vulvæ, (6) hyperesthesia of the vulva, (7) cyst of the vulvo-vaginal gland, (8) abscess of the vulvo-vaginal gland, (9) hæmatocele of the vulva, (10) hemorrhage of the vulva, (11) hernia into the labia majora, (12) œdema of the labia, (13) hydrocele of labia majora, (14) new growths of the vulva.

VULVITIS.

Vulvitis is an inflammation of the vulva, including the labia majora and minora, the clitoris with its hood, the vestibule, the meatus urinarius, together with the various glands and ducts of this region.

Vulvitis may be (1) simple, (2) specific, (3) follicular, (4) phlegmonous, (5) gangrenous, (6) diphtheritic.

With the exception of the follicular variety each form of vulvitis may be found in children or adults. Follicular vulvitis occurs in adults only. The gangrenous variety occurring most often in children.

Simple or catarrhal or non-specific vulvitis may be acute or chronic.

Acute catarrhal vulvitis is caused by (1) uncleanly habits, (2) dis-

charge from the cervix or vagina, (3) injuries to the vulva either from foreign bodies or from friction, (4) parasites, (5) pregnancy, (6) masturbation or excessive coitus.

Acute vulvitis is found most often in strumous or fleshy girls and women who do not give proper attention to cleanliness. It occurs most often in hot weather, and in warm climates. Masturbation has been given as a cause of simple vulvitis, but that alone could hardly produce the disease; but when combined with uncleanness and a strumous diathesis it might easily prove an exciting cause. Over-sexual indulgence is another prolific cause of vulvitis, especially if accompanied by the conditions mentioned above. Diabetic patients and patients suffering from Bright's disease are also prone to inflammations of the vulvar outlet. Little girls, and even mere infants, are subject to vulvitis, often caused by an unhealthy condition of the urine, as when strongly acid or alkaline. In some instances I have known a thick crust of deposit from urine to form on the vulvar outlet of children. Threadworm entering the vulva from the rectum will sometimes set up a vulvitis that will be quite distressing. It must also be borne in mind that the vulvitis even in small children may be the result of gonorrhea, as will be pointed out in a subsequent paragraph.

Symptoms.—The symptoms of acute simple catarrhal vulvitis are local pain, of a burning, smarting nature. The mucous membrane and adjacent skin are red, swollen and œdematous. The parts are covered with a glairy and more or less excoriating mucous discharge, which may cause an involvement of the perineum and anal region, or even extend down to the inner aspect of the thighs.

The pain and discharge are increased by walking, urinating, or sexual indulgence. There may be some fever, and a feeling of general malaise.

Treatment.—The treatment should be absolute rest in the recumbent position, frequent cleansing of the parts, and the giving of the indicated remedy. Any exciting cause should be removed. The urine should be kept bland by drinking freely of pure water. The rectum should be kept empty by enemata, if necessary, but great care should be exercised not to carry the infection into the bowels by enema tubes.

Cool cloths rung out in boracic acid water are often grateful. Some patients get more relief from hot applications. The labia should be kept apart by pledgets of absorbent cotton moistened with borated water, or preferably a boro-calendula solution.

The remedies most frequently indicated for this condition are aconite, bell., fer. phos., graphites, cal. carb., cantharis, arsenicum, sepia, and sulphur.

Chronic catarrhal vulvitis is usually found in scrofulous children and

women, women who are run down by frequent childbearing or disease, and especially Bright's disease or diabetes, who have a chronic leucorrhæal discharge. It may merge from an acute attack, or may come on without any previous history of the acute form.

The principal symptoms are slight swelling and erythema, causing discomfort when walking, or when passing urine. There is usually more or less itching, and some discharge either of glairy mucus or yellowish muco-pus.

The treatment should be constitutional, combined with absolute cleanliness of the parts. If a married woman, coitus should be prohibited until a cure is effected.

In all cases of vulvitis, whether acute or chronic, as in vaginitis, the infection may be carried through the uterus to the tubes and ovaries, causing salpingitis or ovaritis.

Gonorrhæal vulvitis is the result of gonorrhæal infection, and may have been produced by sexual intercourse, or in rare instances it may be caused by indirect infection from soiled linen, or from the infected seat of a water closet. While such infection is possible, and much more probable in women than in men, nevertheless the fact remains that such infection is very rare. It being safe to assume that in a given case of gonorrhæal vulvitis in a matured girl or woman the disease was contracted by sexual intercourse.

In little girls and infants the case is different. They may be the victims of gonorrhæal contagion from the fingers of older playmates or nurses who carry the infection from their own bodies directly to the genitalia of the little one, and in some instances the infection is carried to mere children by direct contact of the male member, although no entrance has been effected. A case of this kind recently came under my notice, where a little girl of six was infected by a man of thirty in this manner. In another instance which came under my care a little boy of five was infected by contact with a little girl but slightly older than himself. The girl having caught the infection from contact with a boy still older than she.

Symptoms.—The symptoms of gonorrhæal vulvitis are violent, and come on more suddenly than with the simple form. There is a greater pain, more fever and œdema. The infection extends into the vagina, setting up a distressing vaginitis, and often into the womb and tubes. It also frequently, in fact, usually, passes into the urethra, from which yellow pus can be stripped, and occasionally into the bladder, setting up a severe cystitis.

On microscopical examination gonococci are found in the discharge, and if neglected the inflammation is accompanied or followed by buboes and figwarts. Gonorrhæal rheumatism is another not uncommon sequela.

Treatment.—The treatment of gonorrheal vulvitis is similar to that advised for the simple form, i. e., absolute rest, cleanliness, and the indicated remedy. The parts should be frequently bathed in borocalendula water, and the labia kept apart by pledgets of lint soaked in the same solution. If the infection has extended into the vagina, it should be treated in the same manner.

In addition to the remedies recommended in the simple variety the indications may point to *mercurius*, *thuja*, *kali muriaticum*, *cal. sulph.*, or *natrum sulph.*, or *natrum muriaticum*.

Phlegmonous vulvitis or phlegmonous inflammation of the labia majora involves the deeper structures of the labia, may result from injury, from irritating discharges, from erysipelas or other exanthemata, or from local inflammatory processes involving the deeper structures of the labia.

The symptoms are heat, pain, local hardness, and swelling, followed by resolution or abscess.

Phlegmonous vulvitis should be differentiated from *hæmatoma* of vulva, hernia of intestine or ovary into the labia majora, or possibly a hydrocele of the round ligament. It is differentiated from *hæmatoma* in that, while both may be caused by injury, the tumor of the phlegmon comes on less suddenly, and is first hard followed by fluctuation, while the tumor of *hæmatoma* comes on more suddenly, and is first fluctuating followed by more or less hardness. *Hæmatoma* is more often a complication of parturition.

It is differentiated from hernia of intestine by beginning with signs of inflammation, and gives none of the characteristic symptoms of hernia, viz., tympanitic sound on percussion, impulse on coughing, reducibility, etc.

Hernia of an ovary is detected by its sudden appearance following strain, by the characteristic sickening feeling on pressure, absence of inflammation, and enlargement during menses.

The principal differential diagnostic point in hydrocele of the round ligament is its translucency.

Treatment of phlegmonous vulvitis is rest, cleanliness, cold applications, and the indicated remedies, such as *bell.*, *fer. phos.*, *cal. sulph.*, *hepar sulph.*, *merc. sol.*, or *apis*.

If pus forms it should be liberated as soon as detected, and the cavity cleansed and packed.

Follicular vulvitis (see cut Wood p. 354) is an inflammation of the hair follicles of the vulva. The mucous and sebaceous glands may also be involved. In some instances the sebaceous glands alone are the seat of inflammation.

This form of vulvitis is found only in adults, and is usually caused

by leucorrheal discharges, or from lack of cleanliness. Although in some instances I have found the sebaceous glands chronically inflamed in cases where there was little or no leucorrheal discharge, and where the parts were kept scrupulously clean. Pregnancy is an ætiological factor, especially when the discharges and uncleanness above referred to are present, in some cases beginning early in pregnancy and continuing through the term.

Symptoms.—The subjective symptoms of follicular vulvitis are the same as in other forms, viz., local heat, pain, and hyperæsthesia. Pruritus is more pronounced than in other forms. If the vicinity of the meatus urinarius is involved there will be more or less odor urinæ. The objective symptoms are distinctive. There appears on the mucous membrane little red spots resembling the papillæ of the tongue during scarlet fever. If the hair follicles and sebaceous glands are the principal seat of the inflammation, there will be little red oval papillæ on the surface of the labia majora and nymphæ, including the lower border of the clitoris and prepuce, but not involving the vestibule. These papillæ are apt to suppurate and exude a drop of pus, after which they disappear, and if the disease is not arrested other crops of papillæ arise. The disease is sometimes very stubborn to treat.

Treatment.—The treatment is similar to that of other forms of vulvitis, i. e., rest, cleanliness, and the indicated remedy. The labia should be kept separated by pledgets of absorbent lint soaked in borated water. Cerates and dusting powders should, as a rule, be avoided. Constitutional medication, together with proper food, sunshine, and fresh air, will cure the patient more speedily and permanently than the most carefully selected local applications. Boro-calendula solutions, or a weak solution of carbolized water by their disinfecting properties, will hasten recovery. The suppurating follicles should be incised and cleansed.

Gonorrheal vulvitis, or noma pudendi, is a septic inflammation of the vulva, and occurs in young, poorly-nourished children as a complication of exanthemata. It may in rare instances appear in adults as a complication of puerperal fever.

The disease begins with burning pains and redness of the vulva, vesicles form varying in color from grayish red to black. The vesicles break down, giving off an ichorous fluid and form an indurated ulcer which sloughs more or less rapidly, leaving a deep scar.

The prognosis in these cases is decidedly bad, as the majority of cases succumb to the disease.

The treatment should consist of applying charcoal poultices locally and the giving of arsenicum, secale, or bromine internally. Alcohol given internally is recommended by some. The local application of

alcohol, or alcohol injected hypodermically, ought to arrest the spread of the disease. The patient should be kept well nourished with easily assimilated foods and given plenty of fresh air and sunlight.

Diphtheritic vulvitis occurs in rare instances as a local manifestation of the disease, and should be treated as in other forms of the diphtheritic affection.

ERYTHEMA OF THE VULVA.

Erythema of the vulva is rose-red rash or superficial inflammation of the vulva, caused by uncleanliness, irritating discharges from bladder or vagina, or from friction from walking. It occurs most frequently in fleshy people during warm weather.

The symptoms are almost entirely local, and consist of a reddish rash or excoriation of the skin, together with a painful sensitiveness of the parts, especially when walking.

The treatment should consist of rest, cooling applications, attention to the discharges from the vagina, or if caused by irritating urine the condition of the bladder and urine should be looked after. Fleshy women can prevent chafing by applying powdered bismuth or borax powder or the ordinary powders used for babies.

ECZEMA OF THE VULVA.

Eczema of the vulva occurs occasionally in women approaching the menopause, especially if suffering from gastro-intestinal troubles or an excoriating discharge from the vagina or cervix. Diabetic patients are especially liable to this disease. In the acute form the labia become red and swollen, and are covered with the characteristic vesicles of eczema, which break and discharge and form crusts. The itching is usually intense, and there is more or less burning pain.

If the disease becomes chronic the parts thicken and take on a scaly appearance. The acute symptoms subside, except perhaps the itching may remain intense.

Treatment.—The treatment of eczema of the vulva is essentially the same as for other parts of the body, i. e., the carefully selected constitutional remedy, change of occupation, diet, and climate, if necessary. The parts should be kept scrupulously clean, but water should be used sparingly, and when used the parts should be thoroughly dried afterwards. Exciting causes should be searched for and relieved. The urine should be examined for sugar. Diabetes is not unfrequently an ætiological factor. Ointments and local applications should not be recommended, at least not until remedial treatment had utterly failed. One of the best local applications is made as follows:

Red oxide zinc, dr. 1.

Venice turpentine, dr. 2.

Creamery butter, oz. 1.

This application will stop the eruption and itching in most instances, but there may be danger from subsequent developments.

The internal remedies most often indicated are arsenicum, rhus tox., croton, graphites, sulphur, antimonium crudum, calcarea ostrearum, mezerium, kali mur., kali sul., kali bich., nat. carb., nat. mur., staphasagria, etc.

PRURITUS VULVÆ.

Pruritus vulvæ is a most distressing condition, often leading to severe nervous and mental complications. In most instances it is a symptom of some one of the pathological conditions described elsewhere, but in some cases it seems to be purely idiopathic. There is an irritation of the peripheral nerves of the vulva, causing an intense and often voluptuous itching, which must be relieved or the patient suffers agony. This itching may be confined to the labia in the beginning, but often spreads to the mons, groin, thighs, and anal region. It occurs most often in women approaching the menopause.

The predisposing causes are emaciation, stomach or intestinal troubles, disease of the uterus, tubes or ovaries, pregnancy, or any pelvic tumor interfering with the blood or nerve supply of the vulvar region.

The exciting causes are lack of cleanliness, irritating discharges from the vagina or urethra; parasites, animal or vegetable; eruptive disease of the skin, and mucous membrane of the vulva, as urticaria, herpes, erythema, eczema, or any of the forms of vulvitis already described. Diabetic urine, new growths on the vulva, local heat, and irritation from too much underclothing and napkins about the parts.

Symptoms.—The symptoms of pruritus vulvæ are an intense itching, combined with the symptoms of the disease causing the pruritus. The itching may be of a burning character, or simply voluptuous. But in either case it is often so intense as to incapacitate the patient for the social or household duties, and makes life a burden.

At first the itching is intermittent, aggravated by exercise, heat, sexual indulgence, over-eating, or drinking spirituous liquors; later it becomes almost constant. The parts often become sore and painful from the irresistible scratching.

Treatment.—The treatment of pruritus vulvæ should be directed largely toward the cause of the itching. As suggested above, this is in most instances some local irritation which should be corrected, or some constitutional dyscrasia which is amenable only to the constitutional treatment. In the former instance cleanliness, the removal of hot or bungling clothing, and the local application of hot water alone or mixed with calendula, boric acid, carbolic acid, or hydrochloric acid one drachm to four ounces of water are excellent for pruritus vulvæ and anal region.

Various local applications are recommended by the allopathists, and by some of our school, but all agree that the constitutional remedy should be sought out with diligence. When the itching is caused by an irritating discharge from the cervix or vagina, or from the passing of diabetic urine over the parts, it may be necessary to anoint the vulva with some simple serate, or paint the parts over with a coating of collodion, first cleansing with soap and water and drying thoroughly.

Electricity will sometimes cure when other remedies fail. To be effective the galvanic current should be used, applying the positive pole directly to the affected parts with a metal electrode, while the negative electrode is applied to the abdomen or sacral region. The applications should last for from five to ten minutes, and be of from five to twenty milliamperes in strength. Treatments should be given every two or three days for a period of two to four weeks.

Surgically, all sources of irritation should be removed, the clitoris should be examined, and if too large and adherent, harboring an accumulation of segma, it should be slit up to the edges, and trimmed as directed elsewhere. If the nymphæ are large and pendulous, they should be amputated. If the carunculæ myrtiformes are the source of irritation, they should be trimmed smooth. If there is displacement of the uterus, or if there is a foul discharge from that body, it should be dilated and thoroughly curetted, but not packed (see section on curettements). If there is trouble with the ovaries or tubes they should receive proper attention, and last, but not least, if the trouble be, as is sometimes the case, reflex from a diseased condition of the rectum and anus, the rectal and anal trouble should be attended to.

Medicinally, there are a number of remedies which may be especially indicated in these cases, chief of which are sulphur, psorinum, sepia, graphites, rhus tox., arsenicum, platina, zincum, cantharides, kreosotum, lycopodium, conium, carbolic acid, hydrastis, and kali bichronicum.

Indications for the remedy should be found not so much in the local condition as in the general symptoms present.

HYPERESTHESIA OF THE VULVA.

Hyperesthesia of the vulva is a rare condition appearing about the menopause, and first described by Thomas.

Munde claims never to have met a case. Wood makes a like statement. Penrose does not mention it in his work on Diseases of Women. Nor does Kelly. The American Text-Book of Gynæcology describes what it terms a vulvo-vaginal hyperesthesia, which corresponds to the use of the term given below.

I have never met a case except after surgery or injury of the perineum or vulva where nerve filaments have been exposed. The proba-

bilities are that most cases of hyperesthesia are either due to some form of injury or are of reflex origin. I have seen cases where dyspareunia was due to a rectal fissure, a urethral caruncle, or to a chronic vaginitis, and probably most cases of so-called hyperesthesia of the vulva belong to one of these classes.

Treatment.—Thomas states that he has "met with a number of cases of marked character, and in not one was complete relief given by treatment." Notwithstanding he cauterized with nitric acid, and even dissected away the diseased area. This leads me to believe that the condition he describes was reflex, and the real cause should have been sought elsewhere. His experience shows that little can be expected in such cases from local treatment, and I quite agree with Wood that "our greatest reliance should be placed upon the carefully selected remedy." When due to caruncle or rectal fissure the correction of these conditions will cure the hyperesthesia and consequent dyspareunia.

Surgical treatment should consist in removing all sources of irritation in the vicinity. Electricity should prove as beneficial here as in pruritus, and should be applied in the same manner.

Medicinally, the remedies which would seem best indicated, in addition to those mentioned in connection with pruritus, are mag. phos., bell., cimicifuga, gelsemium, ignatia, kali phos, zincum.

(To be continued.)

GEO. E. GORHAM, IN ACCOUNT WITH E. H. PRATT, M.D.

	DR.	CR.
1898		
July 1 To E. H. Pratt saying, "Gorham, fear is preventing your doing the work you should do, and not lack of ability,"	Not estimated	
By cash received for Orificial work		\$500.00
By gain in weight		10 pounds
By gaining some of the value of suggestion in treatment of disease, estimated value		\$10,000.00
By gratitude of a dozen chronic invalids cured.	Not estimated	
By satisfaction and happiness in living		Inestimable
By increase of reputation, estimated annual cash value		\$1,000.00
To E. H. Pratt, gratitude, admiration and love	Not estimated	

Dr. George E. Gorham, of Albany, N. Y., has rendered a unique statement of his account with Dr. E. H. Pratt, which may interest the readers of the Journal.

This unique tribute of appreciation of the personal benefits received from orificial work and the editorial writings of the JOURNAL is as refreshing as a draft of water to a thirsty traveler. To feel that we can be of some service to our kind is a great encouragement to keep on in well doing, although the task may be hard and the returns slow. But "Who plows or sows matters not to the reaper. We are only remembered for what we have done."

EDITORIAL DEPARTMENT.

SERIES OF IMPERSONATIONS.

IMPERSONATION NO. I.—THE BONY MAN.

Ladies and Gentlemen:

First of all, let me entreat you not to be startled at my appearance. All of my associates—the muscles, blood vessels, lymphatics, nerves, skin, areolar tissue and organs, and more than all, the unseen forms of life upon whom we all depended—have been taken away from me, and I alone am left. I am merely the human skeleton, and under the circumstances of my late bereavement necessarily a little thin and ghastly in appearance. Perhaps I was one of your best friends, but, separated from my fellow human shapes, who rounded me out and made up my deficiencies of contour, you would scarcely be expected to recognize me. I grant you my cheeks are hollow, my eyes sunken, my mouth as extravagantly large as my ears are small, my nose somewhat abbreviated, my pate bald, my neck long and slender, my collar-bones rather prominent, my ribs so thin that they can be easily counted, my waist extravagantly pinched, my hips expanding, my arms and legs more like pipe-stems than extremities, my fingers and toes much longer than perhaps you thought they were. But I am not proud, but just honest, and I want you to know me as I am.

I am now forty years of age, and hence at my best. I am a male, as you can readily determine by my appearance. A female skeleton is not as tall as I am. Then, too, her head is smaller, her chest is narrower, and, by the way, is apt to be pinched in its lower part, because, as you know, she usually dresses tighter around the waist than man does, and in that way spoils her form. Her practice in this respect is reprehensible, for aside from deforming her it interferes with her freedom of respiration, and so she does not live as long as I do. Of course, there are exceptions, but I am speaking on general principles. Her pelvis is broader and not so deep. This is no fault of hers, but is made so to adapt her for child-bearing, from which I am excused. Then, too, the surface of her bones is smooth, compared to mine. They look prettier, perhaps, but mine are stronger, the various protuberances and ridges which roughen my surface have been developed by muscular attachments, for I am the bread winner of the family, and my work is

heavier than hers. Then, too, I am out-of-doors more than she is, and am naturally more vigorous. To be sure, she is built on the same general plan, but you can readily notice the points of difference between us as just mentioned if you ever chance to see us side by side, and thus have a fair opportunity to look us over and compare us. You may think I am a little stiff and awkward in appearance, but that is because my good friend, the muscular man, has been taken away from me, and I cannot move. But I am not so stiff as I look. Instead of being just one queer shaped bone, as you might think, I am composed of two hundred and eight separate pieces, all jointed together, and so ingeniously placed as to constitute the human form which has the pleasure of addressing you on the present occasion. You may think that my head is solid, but it is not. It is merely a box for the brains which I used to have. They are all gone now, but you can see something of what I have been by what I am. My brain, you see, was so delicately constructed as to require complete protection at every point. Brain bruise is always such a serious matter that I was built closed in in this way for its protection. My chest walls used to contain the heart and lungs, which are also sensitive organs, but they required motion on my part as well as protection, and hence my ribs do not touch. My breastplate used to protect them in front, my dorsal vertebræ at the back, but my arms could guard against danger on my sides, so that I could have my ribs raised in breathing and at the same time afford a fair protection for the important organs which I once contained. My chest used to have a floor, but it was merely a muscular structure that was removed with the rest of the muscular man, so that as I appear to you now you might wonder how my chest could hold anything at all with such a big hole in the bottom of it. At present I have no abdomen, but just the backbone which used to support one. You would scarcely be able to guess its normal dimensions by my present shape. But I can stand straight just the same, because my spine is left. The reason my hips flare so is because they have been pulled out by muscular attachments. And it is a good thing that they are so, for while my true pelvis is more or less circular and complete, thus affording protection for the pelvic organs that it used to contain, the flaring of the upper part, or false pelvis as it is called, served very well to support much of the weight of the intestines which used to rest upon them. My legs and arms are nothing but levers, by means of which the muscles which were once attached to them could move me about at their pleasure.

If you wish to know how hard I am just feel of me and see. I was built this way for practical purposes; for aside from furnishing substantial protection for the organs which my various cavities contained, I had to furnish leverage for the muscles whose office it was to move me

about as they were directed. I am a strong character, for my office has been a hard one to fill, and a good deal has been expected of me in the way of durability and firmness. I am indeed the physical embodiment of character, and I had to be strong to fulfill my destiny.

The teeth which my jaws contain are even harder than I am, but they do not belong to me, being constructed after the skin pattern. We are not in the same class. We are both of us hard, but I am bone, while they are nothing but skin appendages. They were left in my jaws simply because I clung to them so closely when I was separated from the rest of my fellows. As a matter of pride, I am glad they were left, for my mouth is large enough as it is, and if these had been taken away also it would have added much to my disfigurement, for the sockets which contain them are ragged and unsightly after my teeth are gone.

My spine is made up of twenty-six pieces, placed one on top of the other, so as to give it the appearance of one continuous bone. Each of the bones has a hole in it so that when they are placed in their proper relations my backbone is furnished with a canal which extends throughout its entire length, with the exception of the lower bone, called the coccyx. In many of the lower animals the tail which corresponds to my coccyx is also hollow. But this is unnecessary in my case, as when I am padded with the softer parts you would scarcely realize that I have a tail bone. The tail serves different purposes in different animals. As for myself, my coccyx is for the attachment of muscles whose office it is to close the floor of my pelvis. This coccyx, or tail bone, of mine does not seem at all necessary to my usefulness, and in reality I am a little ashamed of it, for comparative anatomists have taken advantage of the fact that I have such an appendage and make use of this as an argument that I came of lowly origin, notwithstanding the fact that my aspirations are high. Then, too, this coccyx of mine is frequently the seat of pain, especially after I have been badly bruised, and is then frequently removed and I seem to get on just as well without it, and indeed better, for the suffering it caused me is at once stopped by its removal.

Please, ladies and gentlemen, do not imagine because I appear to be such a hard character that I am altogether stupid, inactive, and insensible. My gentler brothers and myself are but individuals in a family banded together for a common purpose, each one of us having our peculiar duties. But we are so closely united as to be indispensable to each other, so that the joys and sorrows of any one of us are shared to a greater or less degree by all of us. Of course, each one has troubles of his own of a private nature, but at the same time we are each of us pretty well aware of what the other members of the family are experiencing. We are good friends, my brother forms and myself. We

started life together; we live together, and shall come to end at the same time; we eat and drink together, and wake and sleep together, and work and play together. We likewise have felt our sickness in common. We all have one common plan of growth, development, repair, decay, and burial. We never differ with each other, for the brotherly love which binds us together is too deep for disagreement. Our purposes of life are all in common, and hence our universal aim is to be mutually self-sustaining, although each one plays his own part individually.

If you will examine my surface carefully you will find that I am all full of small holes, so that you would have ample excuse for conceiving me to be pretty thoroughly worm eaten. But let me disabuse you of this idea at once, for it is through these small openings that the soft and delicate tendrils of my immediate associates have penetrated my structure in its every part, so as to really make me one of them. Arteries, veins, nerves, lymphatics, areolar tissue, and, in fact, all of the members of my family, penetrate my tissues by way of my pores, so that I am closer entwined by them and united with them than you might suppose if you had not carefully examined my minute anatomy. Of course, now that my family are all scattered, and I am practically dead, yielding up my structure by piecemeal as I am gradually disintegrated and dissolved into the elements out of which I was originally constructed, I am quite different from my normal active self. If you saw or break any part of me in two I will not bleed, or suffer, or inflame, or in any manner attempt to repair the damage. But it was quite different when I was alive. An injury then would have made me sweat blood, suffer untold agony, and bestir myself to repair any damage done me as far as lay in my power, and in this work all my brothers would have helped me. Perhaps you fancy that I was not alive, but in that you are mistaken. During that time so long as I was in good health I never obtruded my self-consciousness upon the other members of the family to which I belonged. But when it came to sickness I always found that I could do my full share in disturbing the harmony of the family. My ways were always a little slow, so that I never obtained my perfect manhood until I was nearly forty years old. But in sickness, as in development, I was always very persevering in my ways, and when I once started on a career of trouble I could hold out about as long, and perhaps a little longer, than the others. There is little in the line of disease that I cannot get up if occasion requires. When I am not properly fed I sometimes get too soft, and in this way I can make the person whose shape depends more upon myself than I have the credit for, stoop-shouldered, or hunchbacked, or bow-legged, or knock-kneed, or in many other ways

badly deformed, or I can go to the opposite extreme and become so brittle that my bones will break upon the slightest excuse, and when this happens I can keep the whole body confined until I am all right again, for when I am off duty it is perfectly useless for the rest of the family to attempt to attend to their regular business. I can get up ulcerations on my surface, which are known as spots of caries, or one of my bones can die en masse, a condition known as necrosis. I can inflame, and degenerate into abscesses just as well as anybody else. I am subject to cancer, and consumption, and syphilis, and rheumatism, and almost anything else that is liable to attack the other members of my family. Of course I am not so easily disturbed as the softer tissues, because my resistance is greater. I am a stronger character. But when I do contract disease I make enough trouble to compensate fully for my slowness in succumbing to it. You see, although I am not easily roused, I have an exceedingly bad temper when I am, and the family usually have a lively time with me before I get quieted down.

The discovery of the X-ray has been much to my advantage. for in substance I am so much more dense than my fellows that they have not yet succeeded in making me transparent, and the shadows which I cast in a skiagraph discloses my outlines perfectly, whereas there is not another one of the human shapes with which I am connected that enjoys this distinction. When any of my bones are broken, or diseased, or out of place, surgeons are able to find it out now much quicker and more surely than before, and consequently I am able to obtain more speedy relief than formerly.

I am just as proud as my brother tissues, for I am an indispensable member of the family, and what affects them affects me, and, on the other hand, whatever affects me I can tell you affects them also. In fact, when I am really in trouble and enter my complaints at headquarters, I always command a hearing, and very little other business can be attended to until my wrongs are righted.

In all probability, when you meet the other members of the family to which I belong you will feel a deeper interest in what they have to say of themselves because they can talk faster than I can, and perhaps tell their story better. At the same time, my own inner consciousness and self-respect compels me to insist, ladies and gentlemen, upon my full share of recognition when it comes to making up an invoice of the various bodily structures that enter into the composition of a human being. I am not dead in a living body, but as much alive as its other shapes. I own that I am not independent of my fellows, and honestly confess that I can not live without them, so that as you see me on the present occasion alone, stripped of my kindred, the pallor of death is upon me, and I am talking to you in the dumb language of mere appear-

ances. What I am, therefore, is but a mute witness of what I have been, and to do me justice, you will have to imagine me tingling with whatever sensations may have swept through the entire body, think of me ruddy with its life currents, requiring constant nourishment for repair and funeral trains for my waste, as, like the other tissues, I have all my life been dying and repairing by piecemeal, and as the whole body has been healthy and happy I, too, have enjoyed life. When it has been sick and sorrowing I have likewise suffered.

I wish I knew the name of the writer who dedicated some verses to my memory and pinned them to one of my kind in the British Museum, for few writers, especially poets, have given me the prominence which my important office in the human economy has seemed to me to merit. But I appreciate the compliment of this meritorious composition so highly that I will close my remarks by quoting the verses:

TO A SKELETON.

Behold this ruin! 'Twas a skull,
Once of ethereal spirit full,
This narrow cell was Life's retreat,
This space was Thought's mysterious seat.
What beauteous visions filled this spot,
What dreams of pleasures long forgot?
Nor hope, nor joy, nor love, nor fear,
Have left one trace of record here.

Beneath this mouldering canopy
Once shone the bright and busy eye;
But start not at the dismal void—
If social love that eye employed,
If with no lawless fire it gleamed,
But through the dews of kindness beamed,
That eye shall be forever bright
When stars and sun are sunk in night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue;
If Falsehood's honey it disdained,
And when it could not praise was chained;
If bold in Virtue's cause it spoke,
Yet gentle concord never broke—
This silent tongue shall plead for thee
When time unveils eternity!

Say, did these fingers delve the mine?
Or with the envied rubies shine?
To hew the rock or wear a gem
Can little now avail to them.
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on Wealth and Fame.

Avail it whether bare or shod,
These feet the paths of duty trod?
If from the bowers of ease they fled,
To seek Affliction's humble shed;
If Grandeur's guilty bribe they spurned,
And home to Virtue's cot returned—
These feet with angel wings shall vie,
And tread the palace of the sky!

—*Anonymous.*

Thanking you, ladies and gentlemen, for your presence and kind attention, I will detain you no longer. I am but one of a number of human shapes that will claim your attention. These will present themselves to you in due order, and in closing I bespeak for my brothers as attentive consideration as you have so kindly extended to me, and when the story of our entire family of human shapes is all told you will find the separate descriptions but brief and inadequate chapters in a book whose proper name would be the Composite Man.

The next speaker, whom I will now leave to introduce himself, as I have had the privilege of doing, will be the Muscular Man.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

52. In the March number of this journal is an article, "Three Disappointing Cases," by Dr. Julia Holmes Smith. Those who have read the doctor's writings, or have heard her discussions in medical meetings, know that her prime object in medical life is to cure her patients. The thought of personal preferment or the advancement of any special means of cure is not part of her medical character.

This paper is characteristic of her public utterances, indicating a desire to learn, giving cases which she has not cured, rather than calling attention to her brilliantly successful life. She is a humanitarian as well as a doctor, hence the reason for selecting the word "disappointing" for the theme of her paper. To such a doctor there are two kinds of disappointments, one due to a philanthropic, the other to a scientific hope. The one is due to the love of mankind, which prompts the hope that it will soon be relieved of its suffering; the other is based on what is believed to be solely the facts and conditions. It is not a rare experience for physicians to struggle against what they know will inevitably end in failure, and yet when it comes feel bitter disappointment. We believe Dr. Smith's feelings, in the first case at least, were not due to hopes based on her scientific knowledge. It was a case predisposed to neurotic diseases from birth, for sixty-four years; for the same length of time, it is safe to say, the clitoris was bound down by its hood, an exciting cause. How long the nervousness existed we are not informed, but the paper states that it was increased at the climacteric, which clearly indicated that it had existed previous to that period, which doubtless occurred at the usual age of forty-five, otherwise it would have been mentioned. This, then, is the case:

Patient 64 years old, with a neurotic disease of at least twenty years' duration, having an inherited and an exciting cause, the latter probably congenital, was not cured by removing the exciting cause. "I saw no reason for the operation." As the doctor saw no reason for the operation her disappointment was not of the head, but of the heart.

But the real conclusion arrived at by many who read the report will be that the operation was a failure, because it did not cure the patient. Removing a cause, however, does not by any means always cure a case. Were a person to fall with his arm against a hot stove the arm would be burned, but removing the cause, the stove from the arm, would not cure it; other means, hygienic at least, would be necessary, and even a resort to surgery might be required to correct contraction. However, I have no doubt but that the best means known to the profession were used by the doctor in the subsequent treatment of the case. A disease of the nervous system of so many years standing

in one so old, with a predisposing cause, cannot be cured even though the exciting cause be removed. Was this minor operation warranted in this case? Yes; because it corrected an abnormal condition, one that does impair the health, as has been demonstrated by many physicians. Even in the patient's own family a member had been cured of a similar affection by the same kind of operation. No one is warranted in saying that the patient was not the gainer by the operation any more than he would be in saying that a brake on a wagon did not stop it from going down hill, and therefore it was useless.

It might be parenthetically observed that the auto-suggestion that she would be cured if the operation were performed did not seem to be of any help.

Case No. 2 had been sick five years, from the age of fourteen to nineteen. She was so violently insane that it was necessary to take her to the hospital to put her in a patrol wagon in charge of two policemen. Forty-eight hours after the operation, and for two weeks thereafter, her skillful medical attendant could see no evidences of insanity.

The third case was entirely sane for over two months after the operation.

It is quite evident that the operations on cases two and three had decided beneficial effect on their minds. On one for at least two weeks, on the other for over two months. If the same results had been obtained from a dose of medicine, from a massage or an electrical treatment, it would have been considered wise to repeat the treatment when the patient began to show signs of the recurrence of the trouble. It would have been instructive if the doctor had informed her hearers and readers if she had followed the advice of others who had used orificial methods sometimes with success. It has been found that sometimes the hood of the clitoris readheres; that the cervix uteri again contracts; that one treatment does not always cure endometritis; that where the wounds in the rectum heal there may be cicatricial bands, making dilatation necessary. In fact, a second and even a third, operation or treatment under an anesthetic has been necessary to complete a cure after the patient has been benefited by the first.

53. RELATION EXISTING BETWEEN THE SEXUAL ORGANS AND INSANITY, WITH SPECIAL RELATION TO MASTURBATION. By J. W. Robertson, M.D., Livermore, Cal.—No subject connected with medicine has attracted greater attention than that of the relationship said to exist between the functional neuroses and the reflex irritations from diseased bodily organs. There was no insufficiency of eye muscles, no disease of the stomach, no error of refraction, no deflected septum or nasal growth, no disease of the liver, kidneys, or sexual organs which could not be made to account for an existing megrim, epilepsy, neurasthenia, or insanity. Patiently we have had to unlearn much that our specialists have taught us. The clitoridectomies of Baker Brown have almost been forgotten, the slitting operation of Sims is but rarely practiced, and the more recent tenotomies of Stevens have been discredited, while professional opinion is holding in check the thousands of oophorectomies once so freely performed. Especially have the insane suffered at the hands of specialists, for above all neuroses insanity is supposed to have a reflex origin, and its causative relationship with the sexual organs has had general professional acceptance. So generally is this recognized by the public that no woman can become insane without her friends demanding uterine investigation. Like many popular superstitions, there is a grain of truth as a basis for these deductions. In many cases of insanity there

is a periodical increase of violence; and, in women, this increase seems to bear a close relationship to menstruation, either preceding, following, or complicating the period. Yet the periodical outbreaks also occur in men. The ancients, more logical, if not more learned than ourselves, attributed it to the influence exerted by the periodical return of the full moon, calling it lunacy, rather than to a condition which could not possibly affect the male. Ovulation and menstruation, so evidently complicating the mental state, drew attention to the organs of generation, and when it was found that oophorectomies could be safely performed, and that patients recovered after such mutilation, when gynecologists could conscientiously report that there was a slight uterine laceration or malposition, such diagnosis were accepted as responsible for the mental state. As a matter of fact, no woman who has borne a child is without laceration, and no two uteri hang exactly alike, the organs not being fixed, but designed to be freely movable.

But a few years ago oophorectomy was heralded as a panacea, and hundreds of women were successfully spayed, occasionally with apparent benefit. The results obtained in the majority of cases, however, are a living protest against its indiscriminate performance. Especially among the insane, patients otherwise curable have been rendered hopeless. For the ovaries seem to act in a capacity very similar to the governor of a steam engine, and in some unknown way regulate nervous force and energy. The menopause, as produced by nature, is often accompanied by manifestations of serious mental and nervous disturbance. When artificially and forcibly produced, this disturbance is still more distinctly exhibited, and the nervous energy manifests itself in explosive and uncontrollable mental or hysterical outbreaks. Insanity is the result, oftentimes, of physical exhaustion complicating a nervous diathesis, and any physical condition that exhausts the strength and depresses the vital forces will precipitate an attack in persons predisposed. For this reason, a subinvolved uterus, enlarged ovaries, or other conditions producing a menorrhagia or exhausting discharge, or a flexion pressing unduly on either bladder or rectum, may be powerful predisposing factors. This same treatment is true of all organs which are the seat of chronic irritations that disturb the general health. In fact, there is no general disease of the body or chronic disturbance of any special organ which may not act as a causative factor in the production of insanity. Even the parturient state, prolific as it is of morbid and perverted ideas, is remarkably free from well marked insanity; while the puerperal condition, which is so frequently accompanied by mental outbreaks, has, as a cause, a systemic toxin rather than a local condition. The clitoris, once so generally held to be the scapegoat of so many ills, has resumed a position commensurate with its size, and we look to other organs on which to base our Phallic worship. While men have neither ovary, uterus, nor clitoris, they do possess organs closely analogous, and one of them, at least, has received equal attention as a peg on which to hang their many mental afflictions. Were men forced to take their own prescriptions, and were they compelled to submit to the operations they have so humanely devised, removal of the testicles and amputation of the penis would long ago have been vaunted as specifics, and while much good to the world at large would undoubtedly have resulted, yet it is not probable that the statistics of insane cases cured would have been largely increased. Under certain circumstances, castration is undoubtedly indicated, yet the personal risk a surgeon takes in asexualizing a man will always prevent its undue performance.

Of all sexual conditions complicating insanity, none occupy the importance, either in the professional or lay mind, that masturbation holds. It is a vice of most frequent occurrence among our sane population, and it is almost universally practiced by the insane. That masturbation alone, in the normal individual, produces insanity, is certainly not true; for, were this the fact, the accommodations of our asylums would have to be so increased as to hold at least 500,000, rather than the 5,000 insane credited to our State.

Authorities on insanity do not teach that close connection to exist, which seems to have such popular credence.

Landon Carter Gray holds: "It is possible that the habit may sometimes

act as a predisposing or exciting cause of disease by an excessive loss of seminal fluid, if the masturbation be frequently repeated, but I have seen very few cases in which this casual relationship was indicated, and I have never yet seen a case of any disease that has been directly caused in this manner. I do not wish to be understood, however, as saying that it is not a habit extremely deleterious to the general health, but I wish to make it plain that its effects are more largely psychical than physical."

Blanford says: "It is a fact, of which all must be aware, that masturbation by itself is not a frequent cause of insanity. Were it so, in many of our schools insanity would be an everyday occurrence. In some persons already predisposed it may light up the disorder, and may coexist with it in others without being the cause."

Savage describes its occurrence in extreme old age: "I have even known of it habitually indulged in by a chronic lunatic of over ninety years of age. Masturbation, then, may occur as a cause of insanity in either sex, but it occurs still more frequently as a symptom of mental disorder."

In speaking of the complications induced by masturbation, Clouston says: "As a complication of a symptom of almost every form of insanity, the habit of masturbation is lamentably common." He again observes that "it most frequently complicates adolescent, hysterical, puerperal, epileptic, and congenital forms of insanity, and, curiously enough, is not always absent in the climacteric and senile forms. I have seen a senile melanchriac of seventy-five suffer intensely from the effects of the habit. In all of these, however, it is one of the symptoms of mental disease. It is not the chief cause, nor is it the chief symptom present, and it does not color the cases so as to give them any distinct mental features."

There should be a sharp distinction drawn between the masturbation of insanity and insanity produced by masturbation, or the so-called masturbational insanity. Even when masturbation is most persistent, there is no ground for positively claiming it as a causative factor; this we term the "masturbation of insanity." It is frequently merely the first symptom observed.

A few years ago a young preacher, of high moral and upright life, possessing an emotional and nervous temperament, held a revival meeting. He developed insomnia, neglected to properly nourish himself, became more and more exhausted, and finally so violently insane that restraint in the county jail was necessary. He openly practiced masturbation, and, when sent to the asylum, persisted in his attempts during the whole of his maniacal attacks. It was publicly stated, and is still believed in the country where he lived, that masturbation was responsible for his mental state, and he undoubtedly is still held up to hundreds of misguided youths as an awful example.

Insanity always causes a loosening of moral ideas and a loss of self-restraint. The animal nature predominates, and, especially in acute mania, attempts at self-abuse are constant. But there is an insanity due to masturbation. It possesses distinct clinical features, and is not to be confounded with those cases where masturbation is simply a complication. It is not of frequent occurrence, and is only manifested in those possessing a strongly marked nervous diathesis. It is especially a disease of adolescence, often occurring at the age of fifteen or sixteen. It develops slowly, and shows many premonitory symptoms of moral and physical degeneration. The boy becomes more and more peculiar; he will not enter into manly sports; he develops mannerisms and eccentricities of dress; is morbidly self-conscious, and does not properly develop, either mentally or physically. His conversation is often silly, his ideas puerile, and Clouston well summarizes it as "generally beginning by an exaggerated and morbid self-feeling, or by a shallow, conceited introspection, or by a frothy and emotional religious condition, or by a restless and unsettled state, with foolish hatchings of philanthropic schemes. There is no continuity or force in any train of thought or course of action."—*Western Medical Journal*.

The paper may be read with interest in connection with the one of Dr. Smith, upon which the foregoing comments have been made. Incident-

ally, it reminds the reader that some of the leading physicians of recent times have not only practiced but taught that which in the light of ultimate results was a mistake. No doubt those men were sure that other means had failed on the cases upon which they operated, and therefore believe they were justified in what they did. The profession is subject to the same hurry influence that is brought to bear on those in commercial pursuits. Men especially are impatient to get well, not so much because of the suffering, but to return to business. This environment is felt by the physician, and, without intending to do so, passes judgment on a new treatment before time sufficient has been allowed to fully test its permanent results. It often requires several years to fully settle the true value of the effect of a certain treatment.

The unsexing by operation is a serious act. The skill required to do it should have no influence in deciding as to whether it would benefit or harm the patient were it done.

It is right that friends should demand the examination of the reproductive organs of an insane woman, but they should with equal positiveness insist that all the other organs should be as carefully examined. The failure to carefully examine a case of any kind has often brought useful measures into disrepute because they were indiscriminately used and with too little thought. Why this excessive frequency of masturbation? We think it is very largely due to the sensual use of the sexual organs by the parents. We think very few masturbators will be found among the offspring of those who indulged in coition solely for the purpose of propagation.

54. CONSERVATIVE TREATMENT OF THE DISEASED OVARY.—J. T. Johnson, Washington, D. C. (*Am. Gyn. and Obst. Journ.*, Vol. XIV, No. 1), presents a judicious and discriminating plea against sacrificial surgery of the adnexa. He states that the difference between the radical and conservative treatment of the diseased ovary is difficult to define, as the most radical treatment is sometimes the most conservative. Likewise, under some circumstances, the most conservative treatment would be the most radical.

The fear of opening and manipulating within the abdominal cavity has disappeared, but the chief object in mind is how to close it so as to prevent hernia. We nowadays frequently flood the abdominal cavity with quarts of normal salt solution, thus warming up the somewhat cooled abdominal viscera, and at the same time performing an actual transfusion. The author states that real conservatism is gaining ground to such an extent over real radicalism that an operator who presents adnexa and uterine fibromata in a modern medical society, has, in order to escape criticism and censure, to give good reasons why these important organs were sacrificed. The operative mortality at present for the removal of fibroid tumors, in a surgically clean environment, averages better results than formerly its sister operation of ovariectomy.

By the more conservative method in enucleating fibroids, the patient is freed from the burden of her neoplasm, and at the same time escapes being mutilated and blighted. For a score of years Battey, Heger, and Tait set the pace for radical operation. When a laparotomy was performed for the removal of an ovarian cystoma, the appendages on the other side were likewise often removed, provided they showed any sign of becoming even slightly diseased, with the apology that some day they might become diseased. It requires a higher degree of skill to save a diseased member than it does to ablate it.

The writer emphasizes the disagreeable symptoms accompanying the artificial menopause as being rather stormy and protracted, and in some instances resulting in actual insanity. Menstruation is not generally interrupted by

saving a portion of one ovary, and sexual feelings undergo none of those peculiar revulsions which unfortunately follow total ablation of both ovaries and tubes.

Dr. Dudley of New York reported, at the last meeting of the American Gynecological Society, a brilliant series of 103 conservative operations, without a death. He did not hesitate to cut away the diseased portion of the tube and suture the healthy end to the healthy ovary. In some cases he irrigated the remaining portion of the tube with an antiseptic fluid and stitched the tube to the ovary. In other cases, where one ovary and tube had been removed on account of a neoplasm or abscess, and the other adnexa was found somewhat involved, the diseased portions were resected and the healthy portions stitched together. Gestation occurred subsequently in several such cases.

The author mentions that menstruation is looked upon by most patients as a curse or a great inconvenience, although very few welcome its disappearance. Some women believe that artificial menopause is the beginning of old age, which they dread, and the feeling that they are so "different from other women" carries with it an undefinable abhorrence.

In tubo-ovarian abscesses, life-saving results have been effected by making a vaginal section and draining the pus cavity *per vaginam*. Thus, in many instances, unexpected symptomatic, practical and permanent cures have been effected. If a surgeon follows ironclad rules and separates firm and numerous intestinal adhesions until he reaches the pus cavity, he runs many more chances of operating his patients to death than if he had made a conservative vaginal section, removed nothing but the life-destroying pus, irrigated and drained the pus cavity, and put the patient to bed within ten minutes, without shock and hemorrhage.—J. H. Rishmiller.

Dr. Martin says, in the *British Medical Journal*, that if both the ovaries be removed the woman becomes sterile; 95 per cent of the cases cease to menstruate; the nervous symptoms of the menopause appear; in a large majority of cases there is diminution or total abolition of the sexual instinct, and there is a tendency to obesity. If but a portion of an ovary be left the above symptoms do not appear. Dr. Martin claims that when it is necessary to remove the appendages the uterus should be removed as the latter is a source of disturbance to the nervous system, but thinks it best to leave appendages when only the uterus requires removal.

Special attention is called to the last paragraph of the above clipping. Certainly, draining a pus cavity in the pelvis where the woman is in a septic condition is a much safer procedure than to do a major operation at that time.

55. CANCER.—An elderly woman is more liable to die of cancer than a soldier is of being shot during war. In Germany the average is one death annually of uterine cancer for every thousand inhabitants. Destruction of the uterine mucous membrane by the steam jet is a recently introduced treatment for the disease in its incipency. The death rate in cancer is increasing.
56. *The Medical Review of Reviews* says Vacher has found 5 per cent solutions of formol are useful locally in the treatment of acute and chronic suppuration of the ears. Irrigate the ear with the solution, and then insert a pledget of cotton or gauze moistened with it into the canal. If the discharge is profuse and fetid, use once a day; otherwise not so often.
57. Dr. Black in a recent journal states that in his judgment Kelene is at the head of the list as a local anesthetic, for the following reasons: It is not necessary to inject it, is easy of application, produces no pain, is safe and satisfactory.

JOURNAL OF ORIFICIAL SURGERY. CHICAGO.

THE LAST CLINIC OF THE COLLEGE YEAR, HELD AT
COOK COUNTY HOSPITAL, JAN. 23.

(CONTINUED FROM THE APRIL NUMBER.)

Case No. 13 is the enormous abscess of the back, which was presented to you at the last clinic. The abscess cavity you will remember extended from a point opposite the first rib to the junction of the sacrum with the last lumbar vertebra. The first opening of the abscess you will remember was made at its lower, and the last one at its upper extremity. Two openings were made between these points, so as to serve as points of exploration and to facilitate the introduction of drainage tubes. You will remember that a careful examination in the cavity of the abscess disclosed the fact that the spinous processes of the sixth, seventh, and eighth dorsal vertebræ were in a condition of caries. Through one of the central openings the carious surfaces were thoroughly curetted. The progress of the case since last week has not been satisfactory. The patient has maintained a high temperature, has lost flesh rapidly, is much weaker, and the prospects for his recovery are by no means favorable.

The question which the case and its history since the opening of the abscess raises is this: Would it not have been better at the first sitting to have opened and thoroughly drained the abscess and to have left the treatment of the carious condition of the spine to a subsequent sitting? We know that much of the disaster attending operations upon cases of acute appendicitis accompanied with large abscesses comes from removing the appendix inopportunately. When such cases are merely drained and treated as abscesses, no attention being paid to the appendix, recoveries usually take place. But where this procedure has been followed up with the removal of the appendix such surgery has proved itself to be dangerously meddlesome. The same is true in pelvic work upon women.

Where uterine pathology is so advanced as in ordinary circumstances to merit extirpation, if the case be complicated with a large abscess, the attempt to evacuate the pus and remove the organs at the same time is found to be dangerous to life. Whereas the simple evacuation of the abscess, regardless of the condition of the pelvic organs, is found to be a safe and judicious procedure. Later on the organs can be removed if necessary with comparative impunity. But the removal of the organs at the same time that the abscess is evacuated has so often proven itself to be a fatal measure as to clearly establish the fact that the only safe way to handle cases of diseased pelvic organs complicated with pelvic abscess is first to treat the abscess and give attention to the extirpation of the organs later on.

The case before us seems to me to present another lesson along this same line. We believe that the patient would have been better to-day if no attention whatever had been paid to the carious condition of the spinous process, and we had confined our attention merely to the evacuation of the abscess. After the immense abscess cavity had been diminished to one or two narrow pus tracts, which led down to the carious bone, which would have taken perhaps a month or six weeks to accomplish, it would then have been proper to again anesthetize the man and perform the necessary bone work for his permanent recovery. In short, whenever a large abscess is encountered anywhere in the body, whatever its cause, it seems to me it is eminently proper to first treat the abscess as such and later on if necessary to seek for and remove its cause.

Case No. 14.—The next and last case of abscess for your consideration to-day is that of the tubercular anal fistula which was operated upon in your presence two weeks ago to-day. You will remember that the entire buttocks of this man, who is perhaps forty-five years of age, were completely bespattered with fistulous openings. There was but one central tract from all these openings, which had its internal opening just above the internal sphincter. The tract was so large, and the branches from it were so numerous and deep that it was deemed inadvisable to attempt its extirpation by dissection. It was therefore decided to lay the central tract open, although in doing so it would sever both sphincter muscles and leave a large gash in the right buttocks, and this was accomplished. The fistulous tract, as you will remember, was carefully curetted, as were also the various sinuses extending from it, and by means of probangs saturated in equal parts of iodine and carbolic acid, the central tract, with all its openings, was then thoroughly cauterized, and while the lips of the wound were held apart the gaping cavity was thoroughly packed with iodoform gauze. The plan of campaign was to keep the bottom of this wound thoroughly packed until a healthy granulating surface was secured, at which time the margins of the wound

were to be carefully united, pains being taken to bring in coaptation the severed extremities of the sphincter muscles especially. Under the faithful attention of the surgical internes, Drs. Motter and Patton, this plan has been conscientiously followed, except that it has not been necessary to take the stitches, the wound acting in such a satisfactory manner as to make this step unnecessary. Strange to say, the man has now so complete control of his evacuations as to completely obviate the necessity of further surgical interference at the anus. He complains of feeling better than he has felt for many years and is quite delighted over the success of the work, and receives our congratulations accordingly.

But there is another feature of this case to which your attention is now respectfully invited, and how the man can feel so well under the circumstances is a problem for you to solve. Observe, if you will, the condition of this man's right hip and upper part of the thigh. Although he is able to walk, and complains of no pain, the skin over these parts is stretched to its utmost until it is smooth and shining and the tissues are extremely tense, so tense indeed that although in all probability from its appearance and the history of the case it is an enormous abscess of the thigh, the symptom of fluctuation is entirely absent. But a bistoury will soon confirm or refute the diagnosis. The bistoury selected for the work is a long bladed and curved pointed one. We will enter it perpendicularly, and quickly plunge its point into the tissues to the full depth of the blade, and then penetrate the tissues from within outward and sever the structures between the first and second wound. You see the diagnosis is confirmed by a larger measure of pus pouring from human flesh than you will in all probability ever be called upon to witness again. I am sure that I do not over-estimate the quantity which has already been drawn if I say we have evacuated fully a gallon. To thoroughly drain this enormous pus sac we must make several additional openings around its margin as, if any case ever called for thorough drainage, this is certainly a proper candidate for such treatment. Through the opening which was first made, which is just above the great trochanter, by means of my index finger I can now ascertain the cause of this enormous abscess. I find that the back of the acetabulum and the upper part of the tuberosity of the ischium are in a badly carious condition. In other words, this abscess has nothing to do with the fistula for which the man was treated three weeks ago. In all probability it existed, only in a smaller degree, at the time of the operation for the fistula, but was overlooked in the first place because it was causing the man no discomfort, and in the second place because it was not at that time of sufficient size to produce a noticeable deformity. There is also the excuse that the terrible condition of the fistula-perforated buttocks seemed to be ample excuse for any condition

of general dilapidation which the patient might present. Putting into immediate practice the lessons learned from the case of the enormous abscess of the back which we have just considered, we will leave for the present the carious condition of the ischium unmolested, accomplishing nothing more at this sitting than the mere evacuation, cleansing, and drainage of the abscess, leaving to our successor the subsequent work of dealing with the bone. The man's general health is so good, and his ability to repair has been so admirably demonstrated in the recovery from the work upon the fistula, that a happy result in this case may be safely predicted.

Last, but not least, gentlemen, I have the pleasure of presenting for your consideration the only two purely orifical cases in this extensive and interesting clinic.

The last two cases of this unusually interesting and instructive clinic were purely orifical cases.

Case No. 15 was not intended as such. It was a case of spinal curvature, complicated with paralysis, in a young girl sixteen years of age. Three years and a half ago she fell down stairs and injured her spine, which gradually began to bend at the point of injury until finally it assumed a sharp protruding angle, producing a sharp curvature as sometimes occurs from Pott's disease. She has worn a brace since the injury, and was able to be on her feet most of the time until last December, when her limbs became too heavy to lift, her feet began to drag, and in the course of a few days thereafter she suffered complete paraplegia. Although she has no power to move the limbs whatever, they seem to have considerable power to move themselves, for at the most inconvenient times and places spasms will seize the extremities and contract the thighs violently upon the abdomen. Similar contractions annoy the abdominal muscles also. She has but imperfect control of the urine, and the fecal evacuations are accomplished only by artificial aid. She was referred to the surgical clinic, thinking that possibly laminectomy at the point of curvature would perhaps relieve pressure from the cord and restore the use of the lower one-half of the body. But in this opinion I do not concur. It seems to me that the vertebral arch by no means impinges upon the spinal cord, but, on the contrary, is elevated from it as far as possible. The pressure which is evidently injuring the life of the spinal cord and interfering with its action is undoubtedly due to the fact that the cord rests upon the sharp angle of the broken, or at least displaced body of the vertebra at this point. It is impossible of course to say whether the bone was ever broken or whether it was merely a case of softening of the bodies of the vertebræ at the point of curvature and the consequent yielding to the superincumbent weight of the body. Certain it is that no inflammatory process has supervened, as the girl's temperature is normal both morning and evening, as is

also her pulse, and she has neither night sweats nor other signs of the process of tissue disintegration coming from inflammatory action. Believing that the cord is hurt by the floor upon which it rests rather than by the roof which covers it, I cannot obtain my own consent, at the present time at least, to open the spinal canal.

There is an important factor in the history of the case which I have not previously mentioned, and that is that her menstruation was established for the first time in December, just previous to the appearance of paralysis. The menstruation was apparently suspended, through possibly a cold, and this disturbed function means a factor in the appearance of the paralysis. At any rate, her menstruation has not appeared since the first time, although it is now due the second time.

Taking the entire history of the case into consideration, I have this to suggest, and with the consent of the patient will put the thought into execution. I shall see that the hood of the clitoris is loosened, and, if necessary, amputate it, or slit it apart, as it may require, shall dilate, curette and pack the uterus, and shall see that no pockets, papillæ or hemorrhoids are permitted to remain unmolested in the rectum. I shall also dilate the rectum and plug the sigmoid with lamb's wool. In about two weeks after this work she will be discharged, and I will visit her at her home and see what I can do toward straightening her spine and helping her out of her paralytic state by manipulation. This may be impossible of accomplishment, at the same time I have seen such satisfactory results from manipulation in cases of spinal curvature that I think it important that this measure be tried first before such serious surgery as laminectomy is contemplated. The girl's general health can certainly be improved and her tissues invigorated so that if subsequently it is found best to lift the arches of the vertebræ in search of the nature of the projections which are paralyzing the spinal cord by impingement, and thus affording her the desired relief, her system will be better prepared to survive the shock of the operation and to carry out the process of recovery later on. As the clinic hour is nearly closed, instead of asking your attention to this minor form of orificial work, which you have witnessed so repeatedly in the college clinics, this will be done privately to-morrow or next day in one of the operating rooms of the hospital if the girl decides to abide by my judgment as to what is best for her.

The girl evidently lies mostly upon her right side, as opposite the trochanter major of this side there is an incipient bed sore. This must be prevented by increasing the rest for this side, making use of the back and left side and adjusting her bed so that when she does lie upon the right side the great trochanter is received into a hole in the bed, thus avoiding all pressure upon the diseased spot.

If one of the legs is flexed it will violently resist being straightened: if it is straightened it will violently resist being flexed. The girl is naturally so amiable that I can scarcely attribute this action of her lower limbs to the operation of an obstinate nature, and shall have to name it a diagnostic symptom of spastic paralysis.

Case No. 16.—Last, but not least, one of the most brilliant and satisfactory cases of the winter's clinic. One week ago to-day this man, who is perhaps forty-five years of age, appeared before you, suffering from bronchial asthma. His trouble was of six years' duration. At last he became so prostrated from his affliction that he was no longer able to follow his vocation, which was that of a cab driver. His wife is dead, but he has two children to support, and seems to be an honest, sober and industrious fellow, and one of the cases which at once appeals to one's sympathy. He has been kept impoverished by incessant doctoring, which has been of not the slightest avail, as in all these years he has been wholly unable to obtain even temporary relief from his distressing malady. The cold weather of the last few days has so aggravated his trouble that as he appeared before you last week he was cyanotic and greatly distressed for breath, working so hard for the breath of life that it kept him more or less in a condition of perspiration.

You heard me promise this man in your presence that I would immediately relieve his embarrassment of respiration, and that I would promise him not only temporary relief, but permanent cure as well. He was immediately anesthetized, and in your presence was treated orificially. He was circumcised, the frenum clipped, the meatus enlarged, urethral sounds were passed, disclosing a catarrhal condition of the urethra, and then from his rectum were removed three or four pockets, as many papillæ, and a few hemorrhoids of the middle variety.

I have brought him before you to-day to witness that I have kept my faith with him. The man was instantly relieved of his asthmatic afflictions, and has not wheezed a single time since. His cough, which was bronchial, has almost entirely disappeared, and the entire appearance of the man is so thoroughly changed that it seems remarkable that such a complete transformation in a physical condition can be wrought in the short space of a week's time.

I do not intend to represent to this man that what was done will be quite sufficient for permanent relief, for the simple reason that it is impossible to secure normal conditions of the lower openings of the body in a case like the present one at a single sitting. I will promise him, however, that when the orificial work is complete and the pelvic orifices are restored to a normal condition, dilatable and free from all cause of irritation, he will then be thoroughly and permanently relieved of both his bronchitis and his asthma and can consider himself as enjoying a new lease of life.

This experience has been so common with me that in the present case I feel there is no risk for disappointment to the man or loss of reputation upon my part in leading him to expect a perfect and permanent cure from orificial methods as soon as they are followed to a finish.

Cook County Hospital abounds in cases in which the orificial work is not only indicated, but in the light of its helpfulness, loudly demanded. If it were employed for its full value in this institution its results would be a startling revelation to both attending men and internes, but my position upon the staff is not for the purpose of inaugurating innovations of treatment, but to serve the ordinary purposes of hospital attendance in a manner sufficiently well established and customary as to be beyond the possibility of criticism or blame. For this reason I employ orificial methods as little as possible, and only upon well-selected cases like the present one. As the value of the orificial philosophy grows in the esteem of the medical profession it will find ample recognition not only in this place, but in every other, where up-to-date men are practicing the healing art upon the chronically sick. I have no disposition to force the coming of that time, preferring that after the manner of all seed time and harvest to let matters take their own course and the truth take care of itself, which it is ever able to do. The progress of recognition of a new truth is often obstructed by the over-anxiety of those who have it in charge to secure for it a speedy recognition. The antagonism which is aroused is not so much against the truth as against the aggressive manner of its introduction. I am perfectly willing that the orificial philosophy shall hibernate its full time before it blossoms into its possibilities of accomplishment, in Cook County Hospital at least, and no immoderate championing of the thought upon my part shall delay the appreciation which is sure to come to it if it is permitted to stand on its merits.

In selecting cases for your clinic I recognized also that this is the place where you are expected to receive the best part of your clinical instruction in major surgery. The orificial course at the college will be ample for your instruction in that subject, and I have carefully avoided orificial work in the Cook County Hospital clinics for that reason. These last two cases, however, had been selected to assure you that the great truth which lies in the orificial thought is by no means forgotten, and that it is finding its way into this great hospital slowly but surely, and its introduction is conducted with such care and circumspection by a prudent selection of the cases in which it is employed that it will continue to sustain the good reputation which it already enjoys. Much orificial work has been done in this institution, with most flattering results, but as your college clinic has furnished you an ample education



ture culpable is not tenable. We must know from its nerve distribution its co-relative associations, functions, dependencies, and immunities, what it may on anatomical grounds be responsible for, as well as what it cannot be legitimately charged with. The sufferers with neuroses who confront us with their woes and countless forms of troubles are as prolific in presenting varieties of reflexes as the cinematograph is in furnishing innumerable movable pictures to gladden the eyes of those who patronize it. Each case of long standing trouble neurotic in type has lying back of it some lesion, and to locate it constitutes a task often of deep delving, of interrogating, as well as the employment of analytical and synthetical reasoning. Structural lesions do not exist without entailing their unwelcome complement of reflexes to the great detriment and discomfort of the human race. To establish a correct diagnosis in a given case as a general rule speedily places at our disposal measures to successfully overcome the trouble for which relief is sought. To grope in the dark is to court defeat with medical and surgical practitioners the same as in the other departments of life. I know a case presenting symptoms similar to those produced by cervical lesions and subacute inflammation of the endometrium. A surgeon of skill and acumen treated both cervix and endometrium. No relief followed the work. Later another operator, whom I cannot regard as the peer of the first one, "opened the abdomen to look," and found a duct loaded with gall stones, and the removal of these cured the case. There was something of a glamour of mystery about this case. The negative aspect of it was peculiar with the total absence of icterus and no pain in the region of the gall-bladder or either duct. The lesson is a wholesome one. Abridged peristalsis wrought its pernicious reflexes. An obstructed tube or emunctory inflicts its penalty, and the physician who doesn't early learn this, as a diagnostician, is unfortunate. The brain, with its countless duties and functions, is as pervious to pernicious influences from within or without as a sieve is to water. It finds an inexpressible solace in sweet strains of music, and, through the eye, feasts in a revelry of delight upon the exquisitely beautiful works of the painter and sculptor. If treated to a medley of inharmony, to discords and imbrolios, the effect cannot be otherwise than detrimental, especially so to a brain that is preternaturally susceptible. Long-continued experiences of this kind transform a tolerant brain into an intolerant one. What follows next? Such a brain becomes a merciless conservator of bodily interests. It cannot impart wholesome mandates, for it is bereft of these. Its commands are not respected, for they are petulantly and irascibly given. In view of this, is it strange that a nervous, ill-balanced brain begets a nervous, irritable bladder; that systemic forces shirk responsibility; that peace and harmony do not prevail in the economy? According to the kind and quality of the pabulum we

appropriate, whether from the psychologic or material stand-point, will we flourish or famish. The avenues through which bodily impulses pass to and fro have their origin or starting-point in the great citadel of life, the brain. Here in the central station are generated the impulses and emotions, the fears and pleasures, the shocks and the joys of life. To do good work and maintain a life worth living it must not be hampered or vanquished in its efforts by the brutalities of custom and society. We understand to a considerable extent the voluntary type of cerebro-spinal equipment. We know something of the subtle and important part played by the great sympathetic or ganglionic nervous system in maintaining human existence. By experiment and study we have acquired a modicum of information about the functions of the vaso-motor nervous system. What we do not know, however, of these structures and their offices, I fancy, deprives us of a vast and powerful leverage in our work as sappers, miners, and operators. I am convinced that the great array of neuroses of which our patients complain are usually preceded by anabolic or catabolic digressions of function, which the keen observer and astute symptomatologist discovers as a forecast of subsequent clinical conditions. The vaso-motor force which attracts and repels, dilates and contracts, does its work good or bad, according as it is molested or unmolested in its operations. So with the sympathetic nervous system, left to a peaceful and undisturbed performance of its functions, peristalsis and glandular operations do not lag, but render service characterized by normal motion and perfect rhythm. Some neuroses are created and maintained by inadequate discharge of the effete material of the body. The kidneys' detritus if not properly eliminated, will cause trouble, but surgery will not help it. A lazy kidney requires vigorous exercise and stimulation. Uric acid can best be gotten rid of by exercise, which effectually burns it, and through copious draughts of water, which flush and drain the urinary sewer. To carry off effete material, the patients then must work, and as drinkers of water make toppers of themselves. We have no better diuretics at our command than these. Mental hebetude and auto-infection are the fruits of obstinate constipation. We speedily operate to correct such states. Here is where orifical surgery scores one of its most captivating achievements in the cure of chronic constipation. Each integral part of the economy must be made to do its allotted share of work or the evidences of disorder soon appear and neuroses are chief among them. Some cases are amenable to dietary regulation; some to exercise; some call for the whipping up of organs too prone to sleep. Inertia begets disintegration. Some cases require medicine, while others need a conjoined use of these various utilities. He or she is wise who always knows how to proceed in the premises.



Infants of both sexes are equally liable to umbilical hernia, but among adults it is found oftener in women past forty years of age, and especially in stout subjects, or among women in consequence of pregnancy. Herniæ occurring in women of this class are sometimes quite small and sometimes as large as a woman's head or even larger, especially if the patient is very stout, with a pendulous abdomen. I have seen cases in which the ring was so large that I could push my fist through it into the peritoneal cavity. The coverings of an umbilical hernia are from within out, (1) peritoneal sac, (2) peritoneal fat, (3) superficial fascia, and (4) skin, and are usually very thin, with some tendency to ulceration and superficial sloughing. First the omentum finds its way into the sac, followed by the large intestine, and then by the small intestine. The omentum covers the bowel and is very liable to become adherent, and irreducible. Davis reported a case of a woman in the ninth month of pregnancy in which a portion of the uterus lay in the umbilical hernia, and Cooper states that in rare cases two umbilical herniæ have been observed.

The large umbilical herniæ are frequently obstructed, causing constipation and colicky pains. The smaller ones are more liable to strangulation, and are more fatal. Strangulation in large umbilical herniæ is caused by volvulus or flexion of the intestine in consequence of bands. The coverings of umbilical hernia are often so thin and adherent to one another that all the layers of tissue that cover the hernia are raised whenever a fold of the skin upon it is raised. Usually you will find on the convexity of a large umbilical hernia the umbilicus, or what is left of it, sometimes wholly obliterated. The umbilicus may be above, below or on the side of the hernia which is frequently covered with abundant fat. It is thought that so much fat tends to pull the peritoneum outward. It should be remembered that a natural weakness in the abdominal wall is left at the site of the cicatrix of the umbilical cord, and that the recti muscles at this point are separated and the peritoneum and skin approximated in the center of a dense ring or cylinder of fibrous tissue. Owing to the location of this weak place in the abdominal wall the abdominal viscera do not press against it ordinarily beyond its ability to resist such pressure. In apposition to the umbilicus are the flat upper part of the omentum, the colon, and the stomach, and these structures are less liable to push through it. However, if the increase of fat in the abdomen disturbs the mutual relations of the viscera, and the relations between the abdominal walls and their contents are changed, creating a necessity for more space in the abdominal cavity, the weakest point in the wall will give way as soon as the pressure from within is sufficient to overcome the resistance, and naturally enough the viscera are forced out under the skin at the navel.

Sometimes the hernial sac at this point may become so large that "all the small intestines and the cecum, with its vermiform appendix, colon and sigmoid are accommodated in it." Sometimes a prolonged labor is followed by umbilical hernia. The omentum in a pregnant woman at the ninth month is in the upper part of the abdominal cavity and the pressure exerted in labor may force it through the umbilicus or through the abdominal wall near the umbilicus. Although the diagnosis of umbilical hernia in an adult is quite easy ordinarily, grave mistakes have been made. "Abscess of the liver, dropsy, and empyema of the gall bladder, gall stones and carcinoma of the transverse colon have been mistaken for irreducible, or strangulated umbilical herniæ and operated upon as such."

TREATMENT.

In congenital umbilical hernia it is the duty of the accoucheur to return the contents of the umbilical cord into the peritoneal cavity, tie off the cord, cover it with an antiseptic dressing and apply slight pressure to the umbilical region till the umbilicus has contracted sufficiently to maintain its integrity. Treat umbilical hernia in young children without unnecessary delay—the sooner it receives the proper treatment the more certain is a permanent cure. Strips of adhesive plaster as wide as two finger breadths answer an excellent purpose in holding a pad of gauze filled with wadding over the hernial ring. These strips of adhesive plaster should be applied in a circular manner, so that they half cover each other and effectually resist outward pressure. Apply a gauze bandage over this dressing, and renew it every week. If this treatment is faithfully followed it is very effective.

In order to bring about cicatricial contraction and thereby a narrowing or closure of the hernial ring, Schwalbe has injected near the ring 50 to 70 per cent alcohol—about one injection per week with a hypodermic syringe. Tillmanns of Leipsic reports good results from this treatment. In cases of umbilical hernia in children the surgeon should treat associated conditions, especially bronchitis, constipation, diarrhea, phimosis, etc., and be sure that predisposing causes are removed.

In case of strangulation of an umbilical hernia, taxis may be tried at first without an anæsthetic, the patient being in the horizontal position, but if unsuccessful the patient should be put under an anæsthetic for the further reason that if taxis fails herniotomy can be performed at once. Umbilical hernia in children rarely requires herniotomy.

The different methods of radical operation for inguinal hernia are applicable to umbilical hernia. Good results have been obtained from excision of the umbilical ring, longitudinal splitting of the inner margin of the sheaths of both recti muscles and subsequent suture of the abdominal wound by layers—(1) the peritoneum is united by continuous suture

of catgut chromicized, (2) the recti muscles are brought into apposition by the same suture, (3) the anterior sheaths of the latter are united in a similar manner, and (4) the skin flaps are brought together and the final dressing is adjusted. The surgeon must endeavor to obviate the risk of an intestinal strangulation at the neck of the sac and to do this he must unite the fibrous walls of the hernia by suture and obliterate the opening or render it so large that it will not longer be a cause of strangulation. Much depends upon the surgeon's ability to put back the hernial sac without increasing the intra-abdominal pressure beyond the danger line. The abdomen may be so contracted and adjusted in size to the viscera remaining in the abdomen and the contents of the sac may be so large that no surgeon, however skillful, can put back the hernia and retain it in the abdomen. The radical cure should be attempted whenever there is a possibility of success, and this radical cure consists in excising redundant skin and peritoneal pouches and opening the sac, freeing the adherent omentum and intestines from the walls and drawing out subsidiary sacs or loculi and replacing them in the abdomen. A gauze pad should be immediately placed over them and they should be held there until the peritoneum can be closed by a continuous suture of chromicized catgut, having first dissected up a good sized flap of peritoneum from the inner surface of the ring and turned it into the abdomen. The edges of the recti muscles should be exposed by dissecting away the fibrous ring. Remove extruded peritoneum, lining, the sac or sacculi with scissors and forceps. Close the opening with a continuous chromicized catgut suture, taking great care to bring the muscles and fascia on the right and the left sides into close apposition without puckering and unite subcutaneous fat and skin with the same suture. It may be necessary to push the finger between the peritoneum and the lower border of the ring, and cut the ring down in the median line toward the symphysis one-half to one inch in order to force the intestines back into the abdomen and hold them there. When the operation is complete the lateral walls of the abdomen should be supported by a well fitted bandage, extending from the lower ribs down over the hips, to prevent too great tension upon the sutures. Dr. Zuckerkandi, of Vienna, says that "greater security against the recurrence of the hernia and a more thorough inspection during the operation are afforded by excision of the umbilical ring" (omphalectomy). "The umbilical region is surrounded by two elliptic incisions, each of which extends to the inner border of the rectus muscle and opens the abdominal cavity on either side of the hernial ring, so that the entire hernial tumor, together with the neck of the hernial sac, is removed." After the intestines have been replaced the abdominal wound is carefully approximated by interrupted sutures in three layers.

Definite knowledge, that is born of experience, is necessary in the surgical treatment of all kinds of hernia, and this fact is a sufficient reason for the increasing popularity of the operation for the radical cure of hernia. The following case is a typical one of hernia immediately above the umbilical ring :

Mrs. Jones, aged 58, married in 1860 and had two children. In 1876 noticed a small hernia in the linea alba close to the upper margin of the umbilical ring. In a few years it enlarged so much that she found it necessary to wear a truss ; but she had considerable difficulty in keeping the truss in place over the hernia and it grew larger all the time till the truss was of little use.

Two years ago she came to me for relief. Her weight at that time was 240 pounds, and the hernia was as large as a good sized cocoanut. It pained her a great deal and she had become almost a chronic invalid. I made the radical operation for umbilical hernia as outlined above. I found about twelve inches of the colon covered by omentum in the hernial sac—and the adhesions were very strong and difficult to break up. I succeeded in returning omentum and intestine into the abdomen after enlarging the opening. I closed the wound as previously described, and kept her in bed about six weeks till the healing had been fully completed and all soreness had disappeared from the abdomen. The hernia was thoroughly cured and she has had not the slightest return of it since.

NUX VOMICA IN INTESTINAL TROUBLES.*

HENRY E. BEEBE, M.D.

SIDNEY, O.

First, let us take a general outline of this important section of the abdominal viscera, anatomically and physiologically before we view its morbid states, either from the point of pathology, or the therapeutic use of this standard remedy. Pathology is but sick physiology, and I believe we should always so consider it when studying and applying the materia medica to diseased conditions of whatever kind, although some strongly oppose this view.

The intestinal canal includes all of the alimentary canal below the stomach. This musculo-membranous, variously convoluted tube, receives its arteries from the mesenteric ; its veins open into the vena-porta ; its nerves are furnished largely by the mesenteric plexuses.

The functions of the intestines are: In the *upper part*, to effect the chylification of the food, and the absorption of the chyle ; in the *lower* to serve as a reservoir, where the excrementitious portion of the

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food collects, and, also, as an excretory duct which effects its expulsion. Thus we see the structure and function of each succeeding part is influenced largely by the parts above. Therefore, we would expect the effect of drugs on these different regions to show a relationship, both organically and functionally, and such they certainly do. Function is oftenest disturbed because the parts are so extensively supplied with organic nerves.

Now, what pathogenetic action has *nux vomica* in its provings, as well as clinically, on the intestinal canal, and from this action where do we find it most curative in intestinal troubles? In answering this, the leading question, first, we *know* it has a wide sphere of action on the stomach, and its range of influence cannot but be extended further along the alimentary tract, and, certainly, it does affect the alvine secretions very powerfully.

Burt says: "Through the cerebro-spinal nervous system, *nux vomica* has fifteen special centers of action." One of these centers he gives as the stomach, another the intestinal canal. On the stomach, he names among its symptoms, increased appetite, acid vomiting, and gastralgia. On the intestinal canal, constipation and hemorrhoids, the latter, therefore, may be considered a sequel of its action on the stomach, since these parts are so closely related in all their structures and physiological functions. It is difficult to study the effect of *nux vomica* on the intestines without associating it with its well known extensive range of action on the other chylo-poietic organs.

Nux vomica effects primarily the spinal column, motor and sentient nerves at the same time, but the organic nerves are here so closely associated with the voluntary nervous system, that necessarily there must be an extension of influence in this direction also.

We know large doses of this drug cause gastro-enteritis. Hemple says, this sort of inflammation seems to be incidental to a complete disorganization of the nervous life of the organ, rather than the result of a temporary depression of the nervous energy. The inherent vital force is impaired or destroyed. *Nux vomica* has long proven itself to be of good service in the chronic form of gastro-enteritis, particularly the upper portion of the canal where there is intestinal indigestion. This is a part of the digestive process that is entirely too little considered, for we too often calculate as though digestion is all carried on by the stomach, while the intestines perform no small part.

The *nux vomica* indigestion is a burning distress, starting usually in the epigastrium, with contractive, crampy pains in the bowels, radiating in various directions, in the back, perineum, etc., constipation, or with small, watery diarrheic, or mucous dysenteric stools, with frequent urging. The abdominal muscles feel sore and bruised, especially dur-

ing motion; the nerves are in a state of contractile hyperirritation; this over-irritation is one of the most prominent features of the drug. The patient has a sallow complexion, loss of appetite, with pain and distention after eating, particularly after purgatives, or with drunkards, excessive coffee drinkers, high livers, and gormandizers in general. It is with patients suffering with these symptoms that we find it of great use, such it often is in cholera morbus; most common to persons with choleric, sanguine, malicious, irritable temperaments, and oversensitive to external impressions, sedentary habits, and desire to be alone.

While *nux vomica* is a valuable remedy for constipation, it is greatly abused by routine usage. Its leading indications are found where the constipation arises from torpor or paralysis of the peristaltic motion of the intestines, such as we find in the bilious, nervous, or hypochondriac, as such are more subject to constipation, and piles, with ineffectual urging to stool, not due to atony of the rectum, but to irregular, fitful action. These mental states are often sympathetic from disturbances of the digestive canal.

Nux vomica has alternate constipation and diarrhea. This condition of the bowels—alternate diarrhea and solid stool—is usually connected with liver complaint, and, we do find it oftenest with obstructed portal circulation. The characteristic constipation is attended with a good deal of ineffectual and frequently repeated straining sensation, as if more had to be expelled, as if the anus was contracted. Since these troubles many times develop out of certain primary disturbances of the hepatic system, next follow the stomach and intestinal troubles, such as this grand old remedy is known to cure.

Nux vomica has a marked action on the rectum, causing symptoms of piles, prolapsus ani, paralysis of the rectum, and many other kindred troubles, such as obstructed portal circulation will produce. The indications are, cutting pain at neck of the bladder, perineum, rectum and anus, with pinching in bowels as if diarrhea with the characteristic *nux* symptoms would set in. This is where it is of use in dysenteric diarrhea, with its annoying and suffering accompaniments, when due to dissipation. The same symptoms call for it in hemorrhoidal colic, with severe backache and continuous tenesmus.

While *nux vomica* is valuable in constipation, its action should always be compared with different remedies as in all other morbid states. Farrington says truly: "*Lycopodium* has constipation with ineffectual urging to stool," but the urging is caused by constriction of the rectum and anus. *Bryonia* constipation results from dryness of the alimentary tract. The stools are dry also, but large and hard under opium. In *bryonia* and *alumina*, the constipation is unattended by urging to stool.

We should always individualize in prescribing for constipation, no less than in other troubles. The successful prescriber is the one who individualizes his cases, not only in diagnosis, but in therapeutics in particular, and symptomatology must ever be studied intelligently.

This stanch old polychrest has its place in the treatment of intestinal troubles, but because it is so valuable let us be overly careful and not abuse this value by prescribing it when not indicated, thereby sometimes bringing it into unjust disrepute. Let our motto ever be, with this as with other remedies, study well the characteristic symptoms of drug provings. For here, undoubtedly, is the real key to the successful prescription, and *nux vomica*, so prescribed in intestinal troubles, does confirm this stubborn fact.

DESPISE NOT THE DAY OF SMALL THINGS.

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One of the oldest and best known gynecological surgeons of this country once said in my hearing: "I have learned many a lesson from even the insignificant things of life, and this has been one of the elements of my success."

The above statement pointedly illustrates the difference between the classes of physicians of whom I wish to speak in this article. The former, conscientious, painstaking, unpreju-

diced, prompt to welcome advanced ideas, even if they are not from members of his own school, ready to "prove all things—to hold fast that which is good;" the latter brilliant, opinionated, with head in the clouds, flattering himself that he proves his superiority by giving his attention only to broad principles and glittering generalities.

Lest I should be accused of indulging in this last-named specialty myself, I will give two instances to illustrate the importance of seemingly small matters in the diagnosis of a pathological condition, and also to show how new ideas and methods are received by physicians of the above mentioned classes.

Case 1.—Not many years ago a certain bright boy of twelve years developed headaches of so severe a type that it became necessary to remove him from school. The family physician, a young and earnest

man, who was called upon, gave the matter his most careful attention and endeavored to the best of his ability to relieve the child of his increasing malady, and to find, if possible, the cause of his trouble. His medicine was without effect, however, the headaches increased in intensity, and the whole nervous system began to give evidences of derangement.

A change of climate was finally suggested, and the mother took the boy to a Western city. There it became necessary to consult a physician—a stranger—who at once declared that the boy required circumcision, and that all his nervous symptoms, including his headaches, were due to his need of this simple operation.

The mother hesitated, because her own doctor had not suggested such a thing, and she could scarcely believe so serious results could be traced to so trivial a cause. However, she finally consented; result, immediate relief of some symptoms, and complete restoration to health in a few months.

Upon their return home they visited their own physician, to announce the new gospel and show proof of its efficacy.

He freely expressed his delight in the boy's recovery and immediately put himself in communication with the Western surgeon, to the end that he might gain a complete knowledge of new methods applicable to chronic diseases. To-day he has the satisfaction of having relieved or cured hundreds of chronic cases, through his own noble recognition of superior ability and improved methods on the part of his Western colleague.

Case 2.—This also relates to a boy twelve years old. He came home from school one day with a severe pain in his left side. As its intensity increased the family physician was called. He used palliative measures, and after trying in vain to find out the cause of the pain, suggested a consultation with a prominent physician. This was had without result; the boy was failing, headache and nausea were added to the pain in his side and morphia now gave him his only relief.

Against the use of this drug the mother naturally protested, and a second consultation was called, with diagnosis of renal trouble and prognosis of at least six months before recovery. The parents, being still uneasy and secretly dissatisfied with the conduct of the case, suggested obtaining another physician's opinion, and the attendant doctor expressed his willingness to consult with "any regular physician." When, however, we were named as consultants, he refused to act with us, although we are regular physicians, being graduates of regularly chartered colleges. He was accordingly dismissed from the case and the boy brought to our sanatorium. Here he was placed under an anesthetic, while a few papillæ were removed from the rectum, circumcision performed, and an impacted colon emptied.

In four days he returned to his home free from nausea, headache, and pain, and so he remains to the present day. The mother, full of gratitude for his cure, and still respecting the family physician, wished a report of the case that he might understand just what had been done and know what to do should he ever have a similar case.

She was told that a report would gladly be given should the physician desire it.

When, however, he was informed of the boy's recovery, he not only was uninterested but expressed himself as "not wanting to hear anything at all about the case."

Comment on these two instances seems not only unnecessary but a reflection upon the judgment and intelligence of our readers.

We leave it, therefore, on their hearts and consciences to decide whether, from any point of view—the most philanthropic or the most selfish—they can afford to disregard small things when searching for the causes of disease.

A poet has recently voiced these sentiments in the following words:

"Well said an Eastern sage that it is not
On mountains, but on anthills that we trip,
Needs but a grain to make the balance dip,
Needs but a speck to make a nation rot;
And from the factory where human thought
Is fashioned for the service of the lip,
All power of reason and of sense may slip
At the supreme insistance of a dot."

DISEASES OF THE VULVA.

J. J. THOMPSON, M. D.

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(Continued from the April Number.)

CYSTS OF THE VULVO-VAGINAL GLANDS.

A cyst of the vulvo-vaginal or Bartholinian gland occurs as a result of inflammatory or other occlusion of the duct. The inflammation causing the stenosis is usually of simple catarrhal or gonorrheal origin, more often the latter; though I have seen many cases where there was no suspicion of previous gonorrheal infection.

In some cases the duct alone is involved, forming an elongated cyst, but more often the gland itself is the seat of trouble when the cyst is more oval in form. Usually the gland on one side only is affected, but in rare instances both glands are involved, forming a cyst on either side.

The size of a vulvo-vaginal cyst varies from that of a small marble to that of a good-sized hen's egg. The smaller cysts are situated lower

down in the labium than the larger, the latter being crowded upward as they develop by the deeper fascia.

The encysted fluid is usually clear in the simple form, but may be yellowish or even chocolate colored. In suppurating cysts the contents are of course purulent. In some instances the contents can be squeezed out through the partially occluded duct.

In appearance the simple cysts are smooth, shining and semi-transparent. They are usually of slow growth, are painless, and are not tender to touch, and do not as a rule produce reflex symptoms.

A large cyst may prove a hindrance to coitus, and may be a source of irritation in walking, and may even produce a dragging sensation, and in one case reported by Wood* a severe migraine was promptly relieved by the removal of a large vulvo-vaginal cyst.

Diagnosis is not usually difficult. The only conditions for which it might be mistaken are pudendal hernia and vulvo-vaginal abscess.

The points of differentiation between vulvo-vaginal cyst and abscess are that the former has no signs of inflammation, is without pain, and is insensitive to pressure, and is of long standing. While the latter comes on more rapidly, is painful and sensitive to pressure and gives the other recognized signs of inflammation.

It is differentiated from hernia in that it gives no impulse on coughing, is irreducible, is dull on percussion, and is more circumscribed than hernia.

Treatment.—The treatment of vulvo-vaginal cyst is entirely surgical, no local applications and no amount of internal medication will have any influence in reducing the tumor.

Two methods of treatment are in vogue. The first and simplest consists in making a free incision into the cyst, cauterizing or curetting the sack and packing, allowing the cavity to heal by granulation. In this case the packing should be removed, the cavity cleansed, repacked every second or third day, until no cavity remains.

This method answers well in most cases and can be performed without general anesthesia. Local application of cocaine, followed by injection of a 4 per cent solution of the same along the line of incision makes the operation practically painless. In cases where it is deemed best not to use cocaine, the injection of pure sterilized water answers the purpose very nicely.

As in all operations upon the vulva, the parts, including the vagina, should be thoroughly cleansed with green soap and water, and the hair on the affected side removed.

The only objection to this method of operation is that in some cases the cyst wall is not entirely destroyed, and the wound healing over

*Text-book of Gynecology, page 357.

externally, the cyst refills. It is necessary, therefore, to make the incision at least one inch long and to keep the cavity packed until it is entirely healed from the bottom. Hemorrhage is seldom severe. If, however, there is free bleeding the artery should be sought and ligated with fine catgut, as in some instances a considerable hemorrhage has been known to follow incision of the labia.

The second method consists in a complete enucleation of the cyst, together with the gland. This method is much more formidable, owing to the free hemorrhage which usually occurs while separating the cyst from its deeper attachments. In performing this operation complete anesthesia is best, although it can be done under cocaine or water anesthesia.

The parts are thoroughly scrubbed and shaved, and the tumor is held out from the labia by the thumb and fingers of an assistant. This leaves both hands of the operator free, and, moreover, the assistant can, by pressure, control the hemorrhage. An incision is then made through the skin surface of the labia, extending from the upper to the lower border of the tumor, care being taken not to cut through the cyst wall.

With a pair of forceps grasping each side of the incision, the flaps are retracted as the tumor is pressed outward, while the dissection is carried rapidly around the outer and under sides of the cyst. On the inner or mucous surface the dissection should be made more slowly, to avoid cutting through the mucous surface. If in spite of pressure from the assistant's thumb and finger there is considerable hemorrhage, the dissection should be made under constant irrigation.

The tumor should be handled carefully, to avoid rupture of its sack. It is better and easier to remove it whole if possible. For this reason it should not be grasped with forceps or pulled forcibly from side to side. Careful traction with the fingers will, however, be necessary in order to expose the deeper parts.

If the cyst ruptures at any stage of the operation, its cavity, together with the wound, should be sterilized at once, and either packed with pledgets of cotton to facilitate removal, or grasped with one finger in the cyst cavity; the edges are grasped with forceps and the dissection renewed.

The cyst having been removed, the cavity is cleansed and all bleeding points caught and ligated with fine catgut. After which the wound should be closed by interrupted silk or preferably silkworm gut sutures, leaving a small rope of gauze in the lower angle of the wound for drainage, and the parts covered with boro-calendula powder and bandaged. The outer dressings should be changed each day, the drainage should be removed the third day and the stitches the fifth day after operation.

ABSCESS OF THE VULVO-VAGINAL GLAND.

Abscess of the vulvo-vaginal gland may result from any of the causes producing a vulvitis.

The symptoms of a vulvar abscess are those of superficial abscess in other parts of the body, viz., pain, heat, redness, swelling and tenderness on pressure. The tumor is hard during the earlier stages, but as pus forms fluctuation can be detected on the inner surface of the labia majora. In rare instances inflammation of the glands may end in resolution under proper treatment. Usually, however, if left to itself the abscess opens below the orifice of the duct, forming a more or less permanent fistula, which exudes a thin, whitish or greenish purulent fluid.

If the abscess is of gonorrheal origin, this discharge from the fistulous opening may set up a urethritis in the male urethra, when brought in contact.

Treatment.—If seen during the early stages of inflammation, local application of cold water with the administration of merc. sol., or hepar sulph., or such other remedy as may seem indicated, may prevent supuration. If, however, pus has already formed, it should be liberated as soon as fluctuation can be detected.

As a rule, the line of incision should be at the junction of the skin and mucous membrane, and should be sufficiently large to admit of thorough cleansing, curetting and packing of the abscess cavity. In some cases it is advisable to anesthetize the patient and excise the pus sac, together with the gland, after which the cavity should be packed and allowed to heal by granulation.

If the abscess has found an opening and a fistulous tract remains, the fistula should be laid open and curetted and packed, or, better still, the whole track of pyogenic membrane removed and the wound closed by interrupted sutures, leaving only a small drain in the lower angle. Dressing should be made as for vulvo-vaginal cysts.

PUDENDAL HÆMATOCELE OR HÆMATOMA OF THE VULVA

is an effusion of blood into the labia and adjacent areolar tissue. It is the result of the subcutaneous rupture of a vein or small artery, due to direct traumatism, as from blows or falls, or from severe straining.

The conditions which predispose to hæmatoma are pregnancy and labor, tumors of the pelvis or vulva, and varicocle of the vulva.

The symptoms are severe pain, with the sudden appearance of a dark colored tumor following an injury or strain. There may be faintness, and even nausea. If the effusion is considerable, there may be difficulty in urinating, owing to pressure of the blood clot against the urethra. The swelling is soft and fluctuating at first, but grows harder

as the blood becomes clotted. The size of the tumor varies from the size of an egg to that of a foetal head.

If the tumor is small, it is readily absorbed under proper treatment. Larger clots may remain a considerable time or may end in abscesses.

Treatment.—Give indicated remedy aconite, arnica, hamamelis, geranium, etc. Apply cold water and pressure to labium. If abscess form treat as abscess of labia. If the hæmatoma occurs as a complication of labor, and the tumor is large enough to impede the progress of the foetal head, the tumor should be incised, the clot turned out, the arteries found if possible and ligated, and the cavity packed with sterile gauze.

HEMORRHAGE FROM THE VULVA.

Severe hemorrhage may occur from the vulva, either as a result of direct injury or from the bursting of a varicose vein, and secondarily from rupture of an already existing hæmatoma.

The bleeding point may be at the labia, the fourchette, clitoris or hymen. Secondary hemorrhage sometimes occurs after surgery of the vulva. I was once called to see a case where a surgeon had removed the hood of the clitoris a few hours before. Upon making examination I found the vulva and thighs bathed in blood and the bedding round about saturated, and the patient was rapidly becoming exhausted.

In these cases the bleeding point should be caught with forceps and ligated. In some cases the bleeding can be arrested by packing the vagina and applying a firm bandage over the vulva.

HERNIA INTO THE LABIA MAJORA

is occasionally met with in women. It is due to blows, falls or severe straining. Hernia into the labia becomes possible by the non-obliteration of the Canal of Nuck. Through this canal a loop of intestine, bunch of omentum, an ovary, or a diverticulum of the bladder may be forced.

Symptoms.—The symptoms vary according to the contents of the hernial sac. There is always a feeling of discomfort, which leads the patient to examine the parts when a tumor of the labia is discovered. This tumor may have developed suddenly, after an injury or severe strain, or may have come on slowly as a result of coughing, straining at stool, or violent exercise. A case was referred to me recently where the hernia was evidently the result of bicycle riding.

If the hernia contains intestine, there will be the characteristic symptoms, impulse on coughing, tympanitic sound on percussion, reducible unless strangulated, and the absence of signs of inflammation.

If the hernia contain an ovary, pressure produces a peculiar sickening pain and the tumor becomes perceptibly larger and more tender during the menstrual period.

A hernia containing omentum or a portion of the bladder is not

so easily diagnosed, especially if there be adhesions. In all cases, however, where there is any doubt in the mind of the operator as to the contents of a labial tumor, great care should be exercised in cutting down upon the tumor.

Treatment.—Reduce by placing patient on her back, with hips raised and knees flexed. Make gentle but firm taxis toward the abdominal ring. Encourage patient to assist by retracting abdomen. If the efforts at reduction are successful, apply a well-filled truss to keep in place, or perform radical operation. If strangulation has occurred, radical measures should be promptly adopted.

If the hernia contain an ovary and the patient will not submit to a radical operation, the ovary can be protected against pressure and injury by the patient wearing a cup-shaped pad over the tumor.

HYDROCELE OF THE LABIA MAJORA,

like hernia, depends for its existence on the non-obliteration of the Canal of Nuck. Fluid in this canal may be encysted by obliteration of a portion of the canal or may connect direct with the peritoneal cavity. The condition is rare, but occurs with sufficient frequency to warrant mention.

Symptoms.—The symptoms are somewhat vague. There is a gradually developing tumor of the labia, without pain, tenderness or signs of inflammation. There is no resonance or impulse on coughing to indicate hernia, and the shape and location of the tumor in the upper part of the labia excludes vulvo-vaginal cyst. Final diagnosis should depend upon the exploring needle.

Treatment.—If the hydrocele is small and causes no inconvenience, it should not be molested. If large enough to require attention it should be aspirated and an injection of carbolic acid or thuja thrown into the cavity, or if this fail, the cavity should be laid open and packed, or the cyst wall enucleated. Simple aspiration will sometimes cure.

ŒDEMA OF THE LABIA.

Either the labia majora or nymphæ or both together may be the seat of œdematous swelling as the result of pelvic pressure or as a symptom of heart, kidney or liver trouble. It occurs most often as a complication of pregnancy and may denote an albuminuric condition.

The swelling is usually symmetrical, is tense and glistening, is painful and without tenderness, but is easily pitted on pressure. When the œdema is great, it interferes with urination and walking, and may even feel uncomfortable while sitting or lying.

Treatment.—The treatment should be directed to the cause. Puncturing the œdematous labia will give only temporary benefit, and should

not be resorted to unless for relief at the time of parturition. The indicated remedy will usually act promptly. In a case which recently came under my care, where the swelling of the labia during gestation was enormous and had been tapped several times by her former physician, the œdema left entirely in a few days after the administration of arsenic. In this case the urine was loaded with albumen, which cleared up markedly, and the patient went to full term and is now apparently well. The remedies to be consulted in this connection are arsenic, apis, ars. jod., colchicum, kali mur. If from liver trouble natrum sulph. or natrum mur., lachesis, digitalis, sulphur, terabinth.

Varicocele of the labia majora may occur as a result of pregnancy, the pressure of tumors, or straining at stool, or lifting. The condition is not as a rule serious, although cases have been recorded where fatal hemorrhage has followed a rupture of an enlarged vein of the vulva.

The symptoms are a sense of weight and dull pain, corresponding to that of varicocele in the male. Itching may be considerable. Little can be done in the way of treatment except to ligate the veins subcutaneously under strict antiseptic precautions. Compression cannot be made tight enough to be of benefit without causing serious chafing and inconvenience to the patient. If rupture of the vein occurs the parts should be scrubbed at once and the vein ligated.

NEW GROWTHS OF THE VULVA.

New growths of the vulva may be (1) Simple (Simple papillomata, Angioma, Lipomata, Neuromata, Lupus, Cysts, Fibromata, Elephantiasis); (2) Venereal (Pointed condylomata, Syphilitic condylomata); (3) Tubercular; (4) Malignant (Epithelioma, Medullary cancer, Scirrhus, Sarcoma).

(1) Simple Growths.—In the above classifications simple growths are made to include all neoplasms not venereal, tubercular, or malignant. There may be (a) simple papilloma, (b) cyst, (c) angioma, (d) lipoma, (e) neuroma, (f) enchondroma, (g) elephantiasis, (h) lupus.

Simple papillomata may be the result of uncleanness or excoriating discharges from the uterus or vagina, or a warty growth may exist as a congenital growth.

Such growths are of little importance and usually may be easily cured either with the indicated remedy or by excision. Thuja, given internally and applied locally is a standard remedy. Calcaria carb., ferrum peccicum, causticum, natrum carbonicum are each recommended for these growths.

Cysts of the Bartholinian glands have been discussed elsewhere. Other cysts of the vulva may occur from obstructions of small glands or dilated lymphatics, or from hemorrhage into the vulvar tissues, and

should be treated by incision and packing or by enucleation if they prove a source of irritation.

Angiomata, variously called cavernous tumor, erectile tumor and vascular tumor, are occasionally met in the region of the vulva. If sufficiently large or troublesome, it should be treated by thermo-cautery or subcutaneous ligature of the blood vessels.

Fibromata of this region are rare, and usually occur as encysted fibroids of the labia majora, though they may be situated on the labia minora or on the perineum. They consist of muscular and connective tissue. They may attain considerable size, in which case they become pedunculated. Although not of a malignant tendency, they should be removed as soon as they become a source of irritation.

Lipomata occur most often on the mons veneris, and may be mistaken for elephantiasis. Complete extirpation is indicated if the accumulation of encapsuled fatty tissue becomes large enough to cause annoyance.

Enchondroma and neuroma of this region are so rare as to need only casual mention.

Elephantiasis.—True elephantiasis of the labia is essentially a disease of warm climates, where it occurs both as an acute and chronic disease. It may begin in infancy, though it usually does not make its appearance before puberty, and seldom after the change of life. The cause is not positively known. Syphilis, scrofula, and masturbation have each been given as probable causes.

The disease gives rise to considerable itching and smarting, and there is usually more or less discharge. If the hypertrophy is considerable, the labia interfere with sexual intercourse and walking, and may even make defecation and micturition difficult.

The diagnosis should not be difficult. The only other diseased conditions which may simulate it being cancer and syphilitic hypertrophy of the labia.

The treatment is surgical. When the hypertrophy becomes sufficient to cause trouble, the growth should be removed and the wound closed by sutures.

Simple hypertrophy of the nymphæ should not be confounded with the above. It is not in reality a diseased condition, although abnormally large nymphæ may lead to considerable irritation and sometimes need surgical interference. A patient, a young Jewess, suffered from sexual irritation to a considerable extent. I recommended their removal, but her father objected. Sexual desire became so strong that she finally drifted to the bad and later became subject to epileptiform seizures.

In such cases removal of the nymphæ is justifiable, and should be recommended.

Among some of the African tribes an artificial hypertrophy of the nymphæ is produced by manipulation, the parts being pulled upon until they acquire an abnormal length.

Venereal growths of the vulva may consist of (a) pointed condylomata, or (b) syphilitic condylomata.

Pointed condylomata are the result of gonorrheal infection. They may appear singly or in groups, and usually begin in the folds between the nymphæ and labia majora; from there they may spread to the hymen, urethra, perineum, and anus. These growths may combine and form a tumor of considerable size.

There is considerable smarting and itching in these cases, due to an irritating and foul-smelling discharge.

The treatment may be medicinal or surgical. Many cases respond nicely to the indicated remedy. If remedies fail, the growths can be safely removed with scissors and the wound, if large, closed with sutures. In the case above illustrated the growth was removed by the repeated application of fuming nitric acid.

Internally some one of the remedies recommended for simple papillomata will probably be indicated.

Syphilitic condylomata may appear upon the vulva and about the perineum and anus as a result of irritating discharges. These growths may be complicated by enlargement of the inguinal glands. They have broader bases and are less pointed than the gonorrheal variety. The history of the case will also be of diagnostic value. (See chapter on syphilis.)

Tubercular swelling and ulceration of some portion of the vulva is usually associated with other manifestations of the disease. No doubt many cases of tuberculosis in this region are mistaken for syphilitic or cancerous lesions, and are cauterized or removed surgically without making the careful microscopical and bacteriological examination necessary to determine the true nature of the lesion.

Tuberculosis of the vulva may be secondary to tubercular disease of the cervix, uterus or fallopian tubes and ovaries, or it may originate in the vulva and be transmitted to the higher organs.

The manner of infection may be direct, either from the male organs, hands, sputum, or soiled linen, or it may be through the general circulation. According to Senn, the latter method is the most frequent.

Tuberculosis of the vulva is not nearly as common as is tuberculosis of the internal genitalia. "Spaeth has collected 119 cases of tuberculosis of the female generative organs, and found that in twenty-eight cases the process involved the entire genital tract, nine times the vagina, ten times the uterus, 103 times the tubes, and fifteen times the ovaries, either primarily or by extension from other parts of the genital tract."—Senn.*

*Tuberculosis of the genito-urinary organs.

The same author, following Gehle, states that "Tuberculosis of the female generative organs manifests itself clinically in the form of a cheesy, chronic inflammation. Only in two cases were miliary tubercles found in the genital organs."

Gehle also called attention to the "infrequency with which tuberculosis of the female genital organs extends to the urinary organs as compared with the same disease in the man."

As to the frequency with which the genitalia of women are attacked with tuberculosis, it may be said that statistics vary markedly, some authors placing the number as high as 8 per cent in tubercular women, and others as low as 1 per cent.

In women not infected with tuberculosis of the lungs, the tuberculosis of the vulva is exceedingly rare.

The disease begins with gray miliary nodules, which undergo retrograde changes and finally end in abscess or ulceration. Caseation seldom takes place except in the fallopian tubes and ovaries. Tuberculosis of the external genitals often causes considerable swelling of the parts before an abscess or ulcer develops. When attacking the vulva multiple ulcers are formed, which enlarge and coalesce, causing considerable loss of tissue. The ulcers do not, however, as a rule invade the deeper tissues. Their margins are irregular, with sharply-defined edges, which are raised above the surrounding skin, but neither the edges nor base have the characteristic hardness of cancer, nor do they bleed so easily. They are usually covered with a grayish yellow deposit, underneath which are found light colored granulations.

Both abscesses and ulcers are surrounded by miliary tubercles, which gradually break down, and a new tubercular area forms beyond. This in turn gives way, and so on until large areas are invaded. These areas become infected with pus microbes, and general septicemia follows.

Diagnosis is made from the history of the case and from microscopic examination of scrapings from the ulcerated area. In appearance tuberculosis of the vulva may be mistaken for syphilis or cancer. "Phagedenic chancre is much more rapid in its growth, and the color of the base of the ulcer is more gray and yellowish white than in tubercular ulcer, and the granulations are a brighter red color. Chancroid has none of the thickening of the surrounding tissues, and tubercles in the inflammatory product are absent. In syphilitic affections the inguinal glands are always enlarged, while this is seldom the case in tuberculosis. In doubtful cases a resort to the microscope becomes essential in making a positive diagnosis. The existence of multiple ulcers speaks in favor of tuberculosis and against carcinoma or syphilis."—*Senn*.

Prognosis.—The prognosis of tuberculosis of the female genitalia is always grave, especially if the peritoneum or lungs be involved. In

most cases the local lesion is not brought to the attention of the physician until the disease has invaded other organs which cannot be reached by surgical procedures.

Spontaneous healing by cicatrization or encapsulation seldom if ever takes place. If the disease is purely local, extirpation with curette or knife may effect a cure, although Gehle, notwithstanding his belief that in many instances genital tuberculosis occurred as a primary disease, does not recommend operative treatment.

The indicated remedy with nourishing diet and change of climate, together with healthful modes of living, offers the best chance of recovery. All sexual indulgence should be emphatically prohibited. Sanguinaria, internally and locally, may prove beneficial. Prof. Senn recommends guaiacol and creosote to be given internally, and iodoform or balsam of Peru to be applied locally.

Malignant growths of the vulva usually take the form of an epithelioma, although sarcomas and true cancer are sometimes met with in this region. They usually attack the labia majora of one side first, spreading to the other portions of the vulva; occasionally the clitoris or the cleft between the labia majora and nymphæ are first attacked. Carcinoma seldom appears before the age of 45; sarcoma and epithelioma may occur earlier.

Symptoms.—The disease usually begins as a watery, nodular growth, covered with a scab which falls off, leaving a raw surface, which exudes a bloody serum. These nodules break down and form an ulcer with hardened edges and base. In the early stages only the superficial tissues are affected, but the deeper structures soon become involved. The inguinal glands show evidences of infiltration early in the disease.

In the case referred to me by Dr. R. C. Newell, the disease had spread well out onto the buttock. It was removed, but returned within a year, and the patient, a woman about 65 years of age, succumbed to the disease.

In another case, referred to me by Dr. W. G. Randall, the inguinal glands were enormously enlarged.

There is not much pain at first, especially with epithelioma or sarcoma, but itching is a characteristic symptom. Carcinoma is more painful; the pain here is of a burning, stabbing character. Itching may also be prominent, especially if the diseased area be about the clitoris.

Treatment.—In the early stages, before the disease has invaded the vagina and before the inguinal glands have become too deeply involved, surgery probably offers the best hope of relief. If the glands and surrounding structures are badly infiltrated, only palliative treatment should be advised.

In operating for cancer of the labia, the whole labium should be

removed, together with the healthy tissues for at least an inch in each direction. The inguinal glands of the affected side should also be removed.

THE CLITORIS.

The clitoris may be the seat of any of the diseases heretofore mentioned as common to the vulva. There are two conditions of this organ which require special notice. The first is an abnormally large hood, with adhesions binding it to the glans and a collection of smegma beneath, and the second is a hypertrophied condition of the glans itself.

The first condition is not uncommon, and may cause local and reflex disturbances greatly out of proportion to the appearance of the lesion. This condition corresponds to phimosis in the male and leads to similar local and reflex phenomena.

I have seen a number of cases of masturbation, chorea, epilepsy, and nymphomania which were traced to this condition and which were speedily relieved by proper attention to this organ. One case, referred to me by Dr. Veatch of this city, was especially interesting. This was a case of a little girl only four years old who was given to masturbation. She was constantly handling the parts, and would rub the person against the broomstick, edge of box or trunk, in a vain attempt to get relief from the distressing and voluptuous itching caused by an abnormally long and adherent hood. Upon loosening up the hood a large amount of smegma was liberated. The hood was then slit up and the edges trimmed and sutured. The cure was complete and immediate.

Another case of special interest is one I saw in consultation with Dr. Hotchkins, of Edgewater. The case was a little girl about nine years old. She had an attack of chorea one year before I saw her and while visiting relatives in New York. A physician was called in, who suspected the cause of her trouble and freed the adherent hood of the clitoris and removed a collection of smegma. The child improved rapidly and remained well for a year, when she again became choreic. I found the hood abnormally long and constricted with smegma again collected. I slit up the hood as in the above case, with the result that the chorea immediately disappeared and thus far, now three years, has not returned.

Many other cases might be recited, both from my own practice and from the practice of other physicians similar to the above, which have been promptly relieved in the manner above described. I believe many cases of nymphomania in grown up and even married women are the direct result of irritation of the clitoris. Various other mental and nervous phenomena in girls and women can be traced to this cause. No examination of a gynecological case should be considered complete until the clitoris is carefully inspected.

In freeing the hood a small, blunt probe or ear spoon should be used. The adhesions should be broken up to the corona and the smegma or other concretions wiped away, after which, if the hood is abnormally long or fibrous, it should be slit up along the dorsum of the clitoris by placing the blunt blade of a small, straight pair of scissors below the hood and cutting upward as far as its summit.

In regard to the second condition of the clitoris mentioned, i. e. hypertrophy of the glans clitoris itself, I do not refer to the condition of the elephantiasis found in Southern countries, nor to the greater hypertrophy of the clitoris simulating elephantiasis spoken of by Prof. Kelly in his late work. I have never seen a case of either in the Northern states, but we do occasionally find cases of chronic enlargement of the glans, perhaps not sufficient to be called a deformity, and yet large enough to cause irritation and sexual neurosis, especially when the hood is similarly hypertrophied.

Of the grosser hypertrophy or elephantiasis of this organ, Kelly reports eight cases, all but one of which were in negresses. According to this author the disease affects first the clitoris and then the labia minora, labia majora, and perineum in succession, but does not invade neighboring tissues. He thinks this coarse hypertrophy is due to a chronic inflammation grafted upon a syphilitic condition, together with an obstruction of the lymph vessels of the vulva.

The disease, he declares, is of rapid growth, is attended with severe pain in the genitals and cramps in the legs. There is pain on urination, ulcerated patches and leucorrhea.

The diagnosis, he declares, is not difficult, and is based upon the "brawny feeling and lobulated fissures of the surface," together with the fact that the tumor does not possess such sharply-defined limits of growth as other tumors of the vulva.

His treatment is by free excision.

ANNOUNCEMENT.

THE next clinic in orificial surgery will be held on Muncie Island, in the amphitheater of the Seaside Sanatorium, during the week beginning June 26th.

This is a rare opportunity for work and play, which all those who are interested in the progress of orificial work, and who at the same time would avail themselves of a delightful vacation without additional cost, should embrace.

Those who desire particulars of the course should apply either to Drs. E. H. and L. H. Muncie, 119 Macon St., Brooklyn, N. Y., or to Dr. E. H. Pratt, Suite 1203, 100 State St., Chicago.

EDITORIAL DEPARTMENT.

SERIES OF IMPERSONATIONS.

IMPERSONATION NO. 2—THE MUSCULAR MAN.

LADIES AND GENTLEMEN :

I am the muscular man. My bony brother promised that I should tell you something of myself on the present occasion, and not to disappoint him, for we were always great chums, I shall do the best I can to entertain you for a short time, although I am ill conditioned for the effort.

The fact of the matter is, I feel greatly embarrassed. This is the first time I was ever separated from the brotherhood of human shapes like my own, which go to make up the composite structure known as the human being, and now that I am entirely alone I do not feel at all like myself, I can assure you, and never before have I so completely realized my dependence upon my brothers.

I am naked, hollow, motionless, bloodless, nerveless, and senseless. I feel completely subdued and humbled. My pride is all gone, for I am now as helpless as a child, and withal utterly useless except, perhaps, to point a moral ruinous to the spirit of vanity, pride and self-conceit. I find that instead of being a source of power, as I once supposed myself to be, I was merely its instrument of expression. You see in all our family matters I was personally responsible for every possible form of activity, internal and external, except that of chemical action, and it was quite natural that I should get an exaggerated idea of my own importance. I did all the walking, running, jumping, climbing, descending, all the bending, straightening, twisting, turning, all the laughing, sobbing, sneezing, coughing, swallowing, talking, all the beckoning, signaling, writing, cutting, sewing, working, playing, all the breathing, circulating, and propelling, whether of solids, liquids, or gases; indeed, all the supply trains and funeral trains of the organization of which I was a part, were run by myself. If an attitude was to be changed, I had to do the moving; if any type of bodily function was to be performed, I was called upon to accomplish it.

To perform all these varieties of uses in an orderly and systematic manner, I was constructed with two kinds of muscular fibers. One type of these constituted the most of my bulk, and was of what was

called the voluntary type. By means of these voluntary fibers I could race and wrestle with the rest of the world, or carry out in every possible manner the orders of the individual in whose service I was employed. My orders for action rested purely with the head of the family, and whatever I was bid by him to do I did my best to accomplish. I grew strong in my service, for exercise always increased my power, and I had enough of it, I can assure you. I would start out early in the morning, as soon as the family was awake, and after performing the toilet of the body according to orders, would rush into the business of the day as energetically as I was bid. Sometimes I had an easy time of it, but as a rule I was greatly overworked, and by bedtime, in spite of all that was done to strengthen and stimulate and care for me, I would become so fagged out that I could go no further, and as there was no one else to execute orders for physical activity except myself, I would put the whole family, myself included, to bed and refuse point blank all obedience to further orders until I had had a good night's rest. Much more than I could accomplish was always expected of me, but I tried to be patient with it all, and invariably did the best I could to render faithful service in everything that was demanded of me. Whenever sickness prevailed of course I suffered with the other members of the household, and was excused from my customary occupation, whatever it might be. At such times none of us could work, and we simply did as our circumstances and condition would permit. Upon the ushering in of convalescence I was put to work again as usual, only we were all of us, I think, a little more careful after such an experience to avoid its repetition. In my younger days I was as ignorant and foolhardy as my kindred shapes, and was liable to go to extremes and strive on the slightest provocation to achieve the impossible. But bumps and bruises and failures and disappointments and disasters of all kinds soon outlined enough of what could be expected of me, and as time went on I was treated with more consideration. On the other hand, if there was any fun going on I was always in it, in fact was the prime mover, as without my service hilarity might be felt but could not get so far as physical expression. Smothered mirth is not very jolly anyway, and if I had no hand in it I knew what was going on all the time, and do not feel that I have lost anything in missing credit for it.

As for sickness, although the individuals of our family each had personal peculiarities, yet we sympathized with each other so thoroughly that it always became more or less of a family affliction whenever it broke out. I do not feel like speaking for the entire family, but there were some kinds of sickness toward which I felt an especially strong personal aversion. For instance, there was rheumatism. It may not

be considered very dangerous, but it is invariably distressing and annoying as well. When it was located in the joints of the bony man I had to keep just as quiet as I could, for every move that I made seemed to distress the whole family, and yet confinement was always weakening and wearing upon my nature. It was almost as bad when rheumatism selected my nervous brother for its victim, for although whatever action I might indulge in did not set up the general disturbance which was aroused when the same thing occurred in rheumatic affections of the joints, nevertheless if I was at all active the trouble got gradually worse, until at last I found that I must remain perfectly quiet until the disease was mastered. When the attack of rheumatism was directly personal, I was then as helpless as a child until the disease abated. At such times I enjoyed the full sympathy of all the members of the family, and nothing was expected of me until I fully recovered. There were a few diseases in which I was called upon to do very painful service, for which I felt in no wise responsible, for personally I was all right, only as I suffered sympathetically. For instance, in epilepsy, tetanus, and sometimes as a result of some form of intestinal irritation or kidney disease, I was commanded to institute such violent and spasmodic contractions as to throw the whole body into violent convulsions, which were always agonizing, and frequently fatal. I was never my own master, however, and always did as I was bid. But sometimes my duties seemed almost suicidal. It was a great relief when such storms had passed, and I could be permitted to resume my customary equilibrium. I was always very sensitive to strains and bruises and toxins of all kinds, and I was also liable to cancer. But I am pleased to tell you that I did not have consumption, although I was by no means exempt from such a possibility. A cold usually stiffened me, and I was always at my best when more or less heated up. Too protracted and violent exercise frequently made me cramp, and sometimes I could not stop it and my tendons had to be cut in order to restore the body to its normal shape.

The venous and arterial men had no more to do with me than was necessary for my personal well-being, except that in many places I afforded them protection from outside dangers. For instance, the great aorta passed between the crura of the diaphragm and the inferior vena cava pierced the diaphragm itself. But the fibers of this muscle were so arranged that at their time of contraction they would not compress either of these blood streams, but on the contrary permit them to be well opened so that their functions were not interfered with. By prolonged spasmodic contraction I frequently interfered seriously with the normal circulation of the blood, and in many places about the head and trunk, especially the spine; and in some places also along the

extremities, my relation with the blood stream was such that if I suffered, in any of these places, undue and marked muscular contraction, the bodily commerce was so seriously interfered with that I was prone to cause diseases of various kinds, which were sure to last until my fibers, by the aid of electricity, manipulation, drugs, or some other efficient agent, were relieved of their contraction and restored to a normal condition.

This statement applies with equal force to the cerebro-spinal man. I had little to do with the two nervous men, the cerebro-spinal, and the sympathetic. The cerebro-spinal man mingled in my tissues as a rule simply enough to keep me in communication with the rest of the human being. The pneumogastric nerve, however, pierced my diaphragm. The spinal accessory nerve passed through my sterno-cleido-mastoid muscle on either side, the entire lumbar plexus of nerves, which had so much to do with the pelvic walls and viscera, lay imbedded in the meshes of my psoas magnus muscle on either side, and beside these conspicuous examples I was repeatedly pierced in different parts of my anatomy by multitudes of smaller nerve trunks of the cerebro-spinal man, to say nothing of the multitudes of large nerves which ran along in the groove between, and in many cases beneath, my muscles. Undue and prolonged contraction of my fibers at any point where it rendered nerve impingement possible worked untold mischief to the function of the nerves involved and gave rise to functional derangements and organic pathology to such a varied extent as to entirely deceive many an accomplished diagnostician as to the real cause of the disorder.

But perhaps I have said enough of my afflictions. I simply wish to call attention to the fact that whereas from my relationship with my fellows I was made to suffer more or less with whatever disorder they might, any or all of them, become afflicted, at the same time personal afflictions peculiarly my own might in turn work mischief to the rest of the family. Our family was always and at all times mutually dependent and considerate. We always found that brotherly love was best for us all, so we had our joys and sorrows in common.

It is not necessary for me to say anything in this connection of the sympathetic man or the other members of the brotherhood, as each of these shapes will speak for himself later on, and will amply supply any omission of importance which may characterize my remarks on the present occasion. Perhaps I ought to mention, however, that although the bony man and myself are especially good friends, not by any means belittling thereby my intimate relationship with the entire family of human shapes, there is one of my brothers who is more to me even than the bony man, and that is the areolar man. In

fact, so closely united are the areolar man and myself that although on the present occasion I am appearing before you as purely the muscular man, separated entirely from all my kindred, such in reality is not the exact state of the case. I could tear myself loose from the bony man, become disentangled from the arterial, venous, cerebro-spinal, sympathetic, lymphatic, and all the other men except one. Do you know I had to coax the areolar man to stay by me, or I could not have preserved my present shape. That faithful fellow has hugged me like a brother from childhood up. He has enclosed my every fiber, indeed, pierced my fibers and enwrapped my fibrillæ, and going yet further, has constructed for me my very cell walls, without which all my contents would be dissipated.

This areolar man has other duties to perform than that of sustaining and enveloping me, and in due time he will speak for himself, as the bony man has done and I am now doing. But at the same time I thought in this connection to at least mention my dearest physical brother upon whose faithful service and proximity my very shape depends. He's a jolly good fellow I can tell you, and if his native modesty does not prevent him doing himself justice, you are bound to like him when his turn to entertain comes. The most of the bulk of this most perfect of human shapes, the areolar man, has been removed before I presented myself before you for your consideration. But enough of it still remains to enable me to preserve my identity and permit me the distinguishing feature of the manly form which alone entitles me to your audience. But I must not bring my remarks to a close without brief reference to those of my muscles which are constructed of what is known as the involuntary fibers, whose office, although less conspicuous than that of the voluntary muscles, is nevertheless of vital importance to the human structure.

My voluntary muscles, of which I have already said all that is necessary for the purposes of the present set of tissue biographies, may work a part of each twenty-four hours and sleep the rest, pursue occupations, assume relations and positions at the behests of the erratic and whimsical cerebro-spinal man, thus enabling an individual to entertain purposes and strive for their accomplishment. But my involuntary muscles enjoyed the supreme distinction of actively executing the entire bodily commerce. Their action was rhythmical and perpetual throughout the life of the body, their only periods of rest being the short intervals of their diastole. Perhaps it never occurred to you that the entire bodily commerce was carried on by tubular action. If a drop of sweat appeared upon the surface of the skin it had been squeezed by muscular contraction out of a small tube. If a drop of oil anointed the surface

of the body or the shaft of a hair, it had been milked to its destination by muscular contraction; if saliva reached the mouth, it had been conveyed there from the salivary glands by the action of the muscles; after food was once swallowed, if it passed along the œsophagus to the stomach and along down through the entire twenty-six feet of the intestinal track, and its propulsion was accomplished by muscles; if peptic juice greeted it in the stomach and pancreatic juice and bile greeted it in the duodenum, and other digestive products anywhere along the track were mingled with it, these were all forwarded by muscular contraction; if urine trickled from the cortex through the pyramids into the pelvis of the kidney, down the ureters into the bladder and out of the urethra at any time, it was made to do so by muscular action; if an ovum was hatched, propelled along the fallopian tube into the uterine cavity, impregnated, and after nine months of gestation, or at any time before, expelled from the body, this was all accomplished by muscular action; if semen was formed by the testicles, carried by way of the vas-deferens into the prostatic inch, and was ejected by way of the urethra, all this was accomplished by muscular action; if mucus was poured out upon the surface of any membrane for purposes of lubrication, or from inflammatory action, this was accomplished by muscular action; if air, entering the nostrils and passing through the larynx into the trachea by the suction of respiration, was carried on through the bronchial tubes into the bronchioles and thence into the air sacs, it was done by muscular activity; if blood was thrown by the left side of the heart into the aorta and thus through every branch of this great tree of life into the sea of the capillaries, and from these was again collected into the coalescing veins, to be returned to the right auricle of the heart, pouring thence into the right ventricle, from which it proceeded into the pulmonary artery and its branches to the capillaries of the lungs, where it was purified and then passed on into the pulmonary veins which emptied into the left auricle of the heart, from which it was forced into the left ventricle, all this wonderful circulation of the molten individual was secured by muscular action; if the lymphatics collected waste material from the outskirts of the body and conveyed it into the venous circulation, it was accomplished by muscular action. In short, as asserted, all the bodily commerce except osmosis was accomplished by tubes, and all tubes secured their vermicular motion by the action of muscular fibers. These fibers, my friends, were of the involuntary type. They were non-striated and did not obey the commands of the cerebro-spinal man. The condition of my voluntary muscles could be told at any time by the various methods of physical exploration. Their conditions of con-

traction and relaxation, of atrophy and hypertrophy, of stiffness or suppleness, could in most cases be easily ascertained.

But my involuntary muscles were hidden deeply in the recesses of the human structure, and their condition could only be told by the degree of vitality with which the various functions depending upon their operation were performed.

I was proud of my voluntary muscles, for they made me conscious of my manhood, my freedom, my personal prowess. My involuntary muscles concerned me more from the mere fact that they were absolutely essential to my very existence, and indeed to that of the entire family. Perhaps my voluntary part was the bread-winner—but it was my involuntary part that got the meals and kept us all alive. All the supply trains for the growth and repair of bodily tissues, and all the funeral trains by which every type of physical debris was carried away, were managed by my involuntary muscles. Vermicular motion, or peristalsis, as it is otherwise called, is so noiseless and unobtrusive as to escape the attention and consideration which its importance demands at the hands of the medical profession. My voluntary part was moved perpetually by the cerebro-spinal system and acted upon the bones, using them as levers, a mere perfunctory service, by means of which I could adjust myself and family to other physical existences according to my orders. But when my involuntary part was set in motion it acted upon all tubular contents, which were sometimes solid, sometimes liquid, sometimes gaseous, and its rhythmic operations were essential to all bodily functions.

Now I beg of you, ladies and gentlemen, that so far as you are concerned you will see to it that my involuntary part is no longer neglected, and that you will espouse its cause until its importance becomes universally recognized and appreciated. Artisans, athletes, and physical laborers of all kinds will pay due consideration to my voluntary fibers, but it will take careful study and extensive education to win a proper respect for my involuntary part.

It strikes me that you deserve great credit for your attention, for my remarks to you must have been exceedingly tame, as it has been impossible for me to enliven you with any form of activity. My voluntary muscles have had nothing to move, for the bony man has left me. It had no orders to move, for the cerebro-spinal man has also been disentangled from my meshes. It had no strength to move, for it is sometime since the arterial man has furnished it with nourishment. (Of course you can see how unnaturally pale I am.) My involuntary part could not move, for all of the tubes about which it entwined itself are empty, and it was never taught to move except as its fibers were dis-

tended by excessive accumulations of some kind of contents or were irritated. Then, too, the sympathetic man is gone, and were my involuntary fibers ever so distended they would merely gap in paralytic helplessness. You see, therefore, instead of being a power, as I once fancied, I served but as an instrument of an indwelling force, whose existence I ignored because it did not appeal to my consciousness.

Ladies and gentlemen, kindly permit me to introduce to you the arterial man, who will read you his own biography at your next meeting.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.,

CHICAGO.

Discussion of Dr. Weirick's paper, "Diarrhea,"* which appeared in last month's JOURNAL:

58. Dr. Julia Holmes Smith.—Mr. President: It seems to me that this paper is thoroughly interesting and also a very practical one, but I think the close of the paper rather fails, on its part, to establish the point which Dr. Weirick undertakes to make in the use of the homeopathic remedy. Dr. Weirick in the cases mentioned infers that they were cured by homeopathic prescriptions. We are taught to take the symptom-picture of the patient from the crown of the head to the sole of the feet, and yet Dr. Weirick has not done that, for in the aloes case he has given but one single symptom under that drug and prescribed for that symptom. I think the remedy did no good at all whatever, and that the patient would have recovered without it. I think the action of the remedy is aided very much by adjuvant treatment such as washing out the colon. I believe our colleges do wrong in not teaching students the use of these things. When we attend our colleges they tell us nothing about them. We are told the allopathic physician does so and so, but whatever else he does do, he cleanses out the intestinal tract. My mother used to give us castor oil for the same purpose and it did good, and the flushing out is an invaluable procedure in loose evacuations from the bowels. There are two forms of diarrhea in which I have found allopathic remedies beneficial. One is tuberculous and the other is typhoid. Of course, the conditions are symptomatic but they require help and the best thing I have used is a tablet of betanaphthol-bismuth. I give it in five-grain doses every three hours until there is a marked effect upon the discharges. I have also given them, besides this remedy that I speak of, protonuclein, and I have secured good results. I believe our colleges ought to teach their students every adjuvant and how to use them.

Dr. William M. Thompson.—I have enjoyed the paper very much, for it is eminently practical, and it has brought out one point that should be remembered. It seems to me that the question of diagnosis is the main point which we ought to emphasize, and especially is this so in the treatment of chronic cases. We should be able to locate the point

*Read at the Homeopathic Medical Society of Chicago, at February Meeting.

of irritation and decide whether it is in the large or small intestines. There are a great many symptoms in the text-books that are worthless, as for instance the time of aggravation, from 10 to 12 in the morning. I believe we find it under sulphur. My brother is to find the remedy. Another question comes up in the study of the pathology of these cases, and that is whether there is auto-intoxication from the discharges. In regard to the medicine used by Dr. Smith I would say that I have used it with good results, and I would like to get it in some form so as to have it go through the whole intestinal tract. In regard to the local treatment of diarrhea, I believe in it, for we get a good many foreign substances in there that ought to be removed. In the local treatment of chronic cases one physician recommends the use of cold water enemas and a preparation of iodoform, $\mathfrak{z}\text{i}$; bismuth, $\mathfrak{z}\text{i}$; and olive oil, $\mathfrak{z}\text{iv}$. He also recommends the use of hydrastis and olive oil. In using these the patient is put in the Trendelenburg position and left there for some little time. I am sure that in my cases this has produced good results. Concerning the use of cold water enemas in chronic cases there is no doubt but that it produces a shock and we sometimes get good from the reaction which follows. Then, again, we receive benefit from massage of the abdominal walls, and this should be remembered.

Dr. L. N. Grosvenor.—Mr. President: Dr. Willard, in one of his talks concerning the treatment of the soldiers since his return from Cuba, spoke of the lack of homeopathic remedies, and the inability often to get any drugs. They were having a great many cases of diarrhea to treat, and nothing to treat them with. He accidentally found a bottle of bismuth, and he said it was a God-send to them. But how many of the graduates of homeopathic colleges would know how to use it if they should be placed as he was? I think Dr. Julia Holmes Smith has made a splendid point in what she says concerning the colleges not teaching the use of adjuvants in these cases. You go to an allopathic college and they give excellent instruction in the pathology of these conditions and they are up on the adjuvant treatment, possibly because they have to be, having no drugs which meet the conditions present. But in our course of study that is where we are weak. I know I had to learn all the adjuvant treatment I know outside of the college. Even now I run across a case which puzzles me, and I go home and talk to father, or someone else, and they advise some adjuvant that I have not yet learned. I think this is why so many of our physicians are going to the other school.

Dr. Charles Adams.—Mr. President: I am not supposed to know much about the subject of diarrhea, but I have probably treated more cases than any other member of this society. Dr. Grosvenor intimates that the allopaths have no drugs upon which they depend, but that is

a mistake, for they depend too much upon drugs. It is a common thing for a man suffering from diarrhea in a military camp to be placed upon Squibb's mixture. If a man shows from his examination that he has overloaded his stomach it is only necessary to clean out the tract with a dose of oil and the trouble ceases at once. We have noticed in different camps and with different water that the remedy that would cure in one place would not cure in the other. I had an experience in Rockford that illustrates the effect of a chill upon the system. The soldiers lie down in the evening without covers, if it is warm, and toward morning the temperature falls and they get chilled, not enough to awaken them. One night, as I was walking across the camp I noticed that the grass was very wet and cool. When I returned to my regiment I called up all the sergeants and ordered them to see if all the men were covered. I sent word to the other surgeons telling them what I had done, but they all laughed at me. When their sick was reported they had a very large number afflicted with diarrhea and we had scarcely any. A great many of these cases are not due to microbes, but are due to atmospheric conditions. During the strike some years ago I had an experience with the soldiers at the stock yards. The first day we were there the weather was as fine as one could desire, but the next nine days were as vile as it was possible for the weather to be. During that time a great many of the men were sick with diarrhea. Of course, some was due to the eating of indigestible things. When we reached Pullman it was an awful hot day. A large part of that place is built upon what has been a marsh, and a portion of the camp was located upon a marsh. Nearly every man in that post was sick, and we found it necessary to shift them around in order that we might have enough well men to do guard duty. Some of the surgeons prescribed a diarrhea tablet composed of arsenic and copper with good effect. We did not use cathartics except in those cases due to indiscretion in diet. The arseniate of copper is the best remedy I have used. I do not know how it acts, but it does the work. The men soon came to know it. I find that a soldier is glad to be on duty, and the remedy that puts him on his feet so he can handle his gun is the one he wants. Concerning betanaphthol, I have tried it, but it has not proved beneficial. I gave the arseniate of copper in 1-200 of a grain every two hours.

Dr. Walter E. Fruit.—Mr. President: I was very much interested in Dr. Weirick's paper, and I can indorse every word he says. I believe the most important thing in every case is to make a diagnosis, and, if it is due to indigestion, to remove the cause. I do not know how it is with all the homeopathic colleges, but I do know of one homeopathic college where the student is taught, and thoroughly taught, not only the selection of the homeopathic remedy, but the

adjuvant treatment as well. They are taught the proper diet in disease, and that is an adjuvant; they are taught the hygienic conditions to be attained, and that is an adjuvant; and they are taught to search for the cause and remove it, and that is an adjuvant—but they are not taught to give a cathartic in every case. I was once called to see a little girl of twelve years, with a high temperature—105 degrees; flushed face; strong, full pulse, and tenderness in the right ileo-cæcal region. I examined her and told the mother that it was one of three things: either appendicitis, typhoid fever, or some indigestible stuff the child had eaten. The mother said if the child had eaten anything she could not recall it, but upon close questioning I found she had indulged in popcorn. I gave her an enema, but without any effect. The next day I repeated the enema and brought away a hard ball of corn. Had I given the child a dose of castor oil on my first visit, it would have removed the obstruction, and I would only have received two dollars instead of four, but the oil in such a case would have been a mechanical agent. I believe in such cases that the thing to do is to remove the cause, and then, if there remains any trouble, to meet it with remedies. I had a patient lately, a lady five months pregnant, who was in convulsions. The only thing to do in that case was to empty the uterus, and this I did, and gave such remedy as was indicated for the remaining troubles. I believe that, when Dr. Weirick saw the patients mentioned in his paper, he saw other symptoms beside the one characteristic that he speaks of as leading him to the choice of a remedy. There was the temperament or the time of aggravation, or some other conditions that called for the drug, beside the one guiding symptom, but it was that one symptom which brought the remedy to mind and saved the patient. In speaking of the diet, he touched on a very important thing, especially in children. Every time a child cries it is given milk, whether it wishes it or not, and the result is the stomach is overloaded and diarrheal troubles ensue. Diarrhea may be present as a complication of constipation. This seems like a paradoxical statement, but it is true, nevertheless, and it requires a different line of treatment than the other forms. If we cannot make a diagnosis, we certainly cannot cure our cases, because we cannot remove the cause, and it leaves one to work in the dark.

Dr. Wilson A. Smith.—I have not practiced such an awful long time, but I have long enough to tell the difference between some things. I know the difference between a pitcher and a jug, but I do not know that any better than I do know many cases of diarrhea have been cured by the homeopathic remedy. I am astonished at the remarks of some here to-night, for the reason that they savor of methods which have long since been discarded. I believe in these

characteristic symptoms, for I have seen many a case of diarrhea cured where the characteristic symptom as mentioned in our text-books had been taken as the guide for the selection of the remedy. I would like to ask Dr. Smith what she would have done in that case where *cina* was indicated by that peculiar symptom, "quiet only when rocked?" It is in such cures as these made by Dr. Weirick that the superiority of homeopathy is shown. We do not always give *the* homeopathic remedy every time we give *a* homeopathic remedy, and the fault lies, not with the law, but with our application of it. We fail to apply it properly. Regarding what has been said about the physicians of our school attending the other school, I believe that for every physician who goes there at least ten come to our school. Then there is a reason for our physicians going to them, for the fact is, we have but one post-graduate college in the whole world, that I am aware of, and if one desires to get post-graduate instruction he has no choice. There is not a college center of the allopaths that does not have its post-graduate. They have three or more in Chicago, as many as that in New York and Philadelphia, and others scattered over the country convenient to practitioners.

Dr. S. P. Hedges.—Before Dr. Weirick closes, I wish to say a word. I certainly have great confidence in the homeopathic remedy in the treatment of diarrhea. The homeopathic physician selects his remedy for the cure of a case of diarrhea in accordance with the law of similia, and I believe he has better success than those who depend upon the adjuvant treatment. The diagnosis is of great importance, however, not so much as to find the remedy, but so as to locate the seat of lesion, and thus be able to suggest such diet as may be needed, and also to enable the physician to remove the cause. But when that is removed, and such other things done as may be thought necessary in the line of adjuvants, you will still fail to cure your case unless you select the homeopathic remedy. So I stand up for the law of similia. In answer to Dr. Smith, I would state that under every remedy there are a few prominent symptoms that stand out prominently, and these symptoms we call guiding symptoms, because they belong almost exclusively to that drug under consideration, i. e., found under the pathogenesis of that drug. I like the term "guiding symptoms." Let us stick to the law as closely as possible. My experience for over thirty years has shown me that it will not fail, although I may fail in selecting the remedy. I have been very much interested in this paper and the discussions, and I hope you all have been. The next meeting will be the last one for this year, and I hope to see a large attendance.

Dr. C. A. Weirick, the essayist, in closing, said: Dr. Julia Holmes Smith is a better homeopath, therefore a better physician, than the

modesty of genius permits her to think she is. Two of the remedies upon which she places the most reliance are bismuth and beta-naphthol. The former in toxic doses causes structural changes in the digestive tract similar to the pathology of gastro-enteritis, somewhat similar to mercurius corrosivus. It is, therefore, a strictly homeopathic remedy, causing pathological conditions as well as symptoms similar to those for which she administers it. Beta-naphthol also produces soft stools and diarrhea, but it is given mainly for antiseptic purposes, notwithstanding the fact that it is claimed by some that intestinal antiseptics is impossible. I believe, however, with Dr. Smith, that practically it is. However, that remedy does not cure any more than cleansing the nipples cures aphthæ stomatitis. It removes an obstacle to the cure, and therefore permits nature to cure the pathological conditions, which it often promptly accomplishes, but if it does not, then a curative remedy is required, and that is a homeopathic one. I have tried the methods outlined in the paper, separately and in combination, with better results from the latter. The purgative treatment was the almost universal one a generation ago, and its result was an appalling death rate, and yet it is exceedingly useful in just the class of cases which the paper pointed out. The doctor, in the statement that the aloes case was just ready to get well when I took charge of it, agreed exactly with the opinion of the physician who preceded me, although it was not a self-limited disease. People, renowned authorities in the past, have so often been in error that I do not place implicit confidence on anyone's scientific opinion, no matter how learned, for the learned doctors of the past have made serious errors in judgment. The doctors who rely solely on other people's brains to practice medicine are parrot doctors. Of course, Dr. Thompson is right in the statement that the disease should be diagnosed. Much was necessarily omitted in the paper. The foundation of diarrhea in infants is often laid by weakening the digestive organs by giving amylaceous food too early, and thereby taxing them to do what they cannot do. Those chronic cases are usually due to constitutional diseases, or the lesion is located in the sigmoid, and have usually been preceded by constipation. I do not believe in the cold water, but think that the application of electricity to the part involved, when it can be reached, is beneficial. I indorse Dr. Grosvenor in advocacy of adjuvant treatment. But if it is not adjuvant to homeopathic treatment, to what is it?

Dr. Adams' results obtained by protecting the soldiers from atmospheric changes by ordering proper covering, corroborates the assertion in the paper that proper protection of the body be given, and in children woolen is the best. Adults recover from acute attacks of diarrhea more readily than children, hence removing the causes by

antiseptic measures, and so forth, is more frequently all that is necessary in the former than in the latter. The supposition is that the greater relative reaction of the gastric juice of adults than children make them more susceptible to bacterial influences. Reaction acid of .16 per cent is necessary to stop the growth of bacteria, while in infants the reaction is less than .08 per cent.

Arsen-cuprum was extensively advertised a few years ago for diarrhea. The action of arsenicum is well known, and cuprum will sustain recuperative forces through its action on nerve centers. Dr. Fruit is right in getting a complete picture of the remedy, and that characteristic symptoms are guides to the selection of remedies. Constipation occurs in diarrhea, as he has stated. Ziemessen gives a case of chronic diarrhea in which an autopsy revealed fifty pounds of fecal matter.

59. Diarrhea has received little attention in this journal, but much has been written about constipation. The latter, as a chronic condition, is much more common than the former, which accounts, no doubt, for the greater attention given it in a journal that is devoted largely to the treatment of chronic diseases. The tendency of acute conditions is toward recovery, while that of chronic conditions is to prolongation. The former are the immediate causes of many more deaths than the latter. They are the ones that bring more credit and sometimes more disaster to the doctor than the inactive diseases that permit the patient to perform his usual duties without making any great changes in his appearance, or the change is made so slowly that his daily associates do not notice it. The paper and discussion have covered quite well the ground that has not been gone over in most of the books which treat on diarrhea, especially acute diarrhea.

It is a popular idea that fruit is a common cause of diarrhea. We believe that fruit in itself is not so much of a cause of diarrhea as is generally supposed. When the disease exists it may aggravate it. It may be accepted as a rule that that which does not impair the rhythmical peristaltic action will not cause diarrhea. It is the irregular eating of fruit, ingestion of decayed and indigestible portions of fruit, that causes diarrhea. The irregular eating of fruit, especially common when children have access to the bushes and trees on which it is growing, is a cause, for the reason that the digestive tract is overtaxed, but more common is the taking of indigestible portions of fruit and vegetables. They are often eaten when green or partially ripened, and are then indigestible. The fruits and vegetables grown in the temperate zones, gathered green and placed in warm temperatures to ripen, are harmful. They do not ripen, but decay. This fact may be easily demonstrated in apples removed from the tree a week or two before they have ripened

and kept and compared with those that have been allowed to remain on the tree until ripe. The former will be shriveled, tough, and insipid. They have been deprived of the proper nourishment supplied by the tree, to complete the ripening process, which gave place to a form of decay when the proper nourishment was not supplied to the fruit. The same degenerative process takes place in vegetables taken green from the garden. It is for that reason that consumers of garden products insist that they be fresh, and not a couple of days removed from the soil before using. It will doubtless occur to the reader that bananas are taken from the tree green and brought north to ripen, but it should be remembered that they are not taken green from the stem, which contains nourishment enough to complete the natural process of ripening. The ingestion of skins, seeds, and cells in which the latter are contained, does not belong to the edible portion of the fruit any more than does bone and tendon belong to the food portions of meat, and of course should be avoided. It is in chronic cases of diarrhea that orificial treatment may be found necessary, not in all cases, for every case should be individualized. We have had patients having chronic diarrhea who were not cured until orificial methods had been used. In those cases the frequency of the evacuations could be lessened by hygienic, dietetic, and therapeutic measures, but other physicians as well as we were unsuccessful in making a cure until orificial treatment had been adopted. This treatment in these cases consisted in curing abnormal rectal conditions.

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PELOLOGY.

There are some well-founded objections to the term orificial surgery; that is, when we mean by orificial surgery the surgery which pertains to merely the pelvic orifices. The eyes, ears, nose, and mouth, the latter two especially, are by no means insignificant bodily orifices and must feel seriously slighted if they entertain any feelings at all in the matter, at having a name in which so far as appearances go they would naturally expect to be included, confined in its meaning to the pelvic openings.

The inlets of the body occupy a much prouder position than the outlets. Their services are essential to the development and maintenance of the body. They frequently become diseased and require surgical attention to prevent mischief not only to themselves, but to the interior realms into which they open, for the proposition that the irritation of an organ starts at its mouth is a universal one and applies to the upper openings of the body as well as to the lower. So that in reality it does not seem quite fair to take the term orificial surgery, to which the upper have an equal right with the lower bodily orifices, and confine its meaning purely to the pelvic openings. Nevertheless if a patient is anesthetized to the point of complete unconsciousness, the cerebro-spinal system being thoroughly narcotized, no amount of dilatation practiced upon the mouth, nose, eyes, or ears affects in the slightest degree the regularity of respiration or exercises any influence whatever upon the general capillary circulation. Dilatation of the upper orifices of the body under an anesthetic never warms the extremities, never removes congestions of remote organs, or in any way exercises any considerable influence upon the general bodily nutrition. On the other hand the reverse is true if under the same conditions dilatation is practiced upon pelvic orifices. The dilatation of these lower openings, especially if the sympathetic nerve which supplies the upper of the two sphincter muscles which guard them is either normal or hyperesthetic.

produces a more or less marked effect upon the respiration and is speedily followed by a profound effect upon the entire capillary circulation. Hands and feet that have been cold for many years will soon glow with heat, and parts anywhere throughout the body that have been suffering from congestion will be more or less relieved of their hyperemic condition, and the nutrition of all the bodily organs and tissues will be speedily and perceptibly stimulated. Nor is the effect upon nutritive changes merely temporary, but remains as a more or less permanent improvement, continuing for months and years subsequently.

Dilatation and whatever surgical attention may be required upon the upper orifices of the body cannot be relied upon to produce any material beneficial effect upon any form of chronic disease. To be sure, the removal of wax or a foreign body from the ear, the correction of a strabismus, or a skillful adjustment of glasses, by means of which a tension of the eye muscles may be relieved, removal of growths, spiculæ of bone, or foreign substances from the nose, or the cure of a catarrhal condition in the same locality, needed attention to the mouth, fauces and larynx have each and all of them been known to correct insomnia, relieve an occasional asthmatic, correct dyspeptic conditions, overcome an occasional and distressing headache, allay general nervous irritability, and institute a few other cures of a more or less general nature in disorders of the head, throat and chest. But affections of the upper orifices are usually merely local in their influence, and no one would think of finding in the upper openings of the body, one or all, an ample excuse upon general principles for the lowered sympathetic vitality necessary to explain the existence and persistence of chronic diseases generally. The iris and the palpebral portion of the orbicularis palpebrarum are the only sphincter muscles connected with the upper orifices that enjoy the distinction of taking their nerve supply mainly from the sympathetic nerve; and as these muscles never, except in extreme cases, become such tightly-drawn puckering strings as to impinge sensitive tissues enjoying important and extensive nerve connections with other parts of the body, the expenditure of sufficient sympathetic power upon which the nutrition of the body depends, as from any cause whatever they are thrown into a condition of chronic tension, would be too slight and too seldom experienced to explain the lowered vitality which alone could account for the prevalence of chronic diseases in general and in particular in all the various organs and tissues of the body.

On the other hand the converse of this proposition can in almost all cases be predicated of the pelvic orifices. In nearly every type of chronic disease, in whatever part of the body it is located, the lowered

vitality of the sympathetic nerve, which is thereby implied, will find an ample explanation in some form of pathological lesion situated at the lower orifices and will be readily encountered upon a careful examination by an orificial expert.

Perhaps all the members of this society do not realize that the bodily commerce is presided over and completely dominated in general and in particular by the sympathetic nerve. All such are respectfully referred to the standard text-books upon anatomy and physiology, where, by a careful study of the involuntary muscular fibers—their functions and nerve supply—they will of necessity be awakened to an appreciation of the fact that so far as our bodies are concerned the immediate agent by which the entire body, with all its organs and tissues, grows, and by which it is maintained and repaired, is the sympathetic nerve. We live by the sympathetic nerve, and the study of the waste and supply of sympathetic nerve force is essential to any and every scientific consideration of the treatment of chronic diseases of all kinds. •

It is a great universal and indisputable fact that by proper attention to the lower openings of the body the sympathetic nerve force can be in all cases materially stimulated and all bodily functions consequently aroused to increased activity; and as this is essential to recovery from the various types of chronic disease with which we have to contend, there is no curative measure at the disposal of medical men that can in any degree sustain favorable comparison with orificial consideration and attention. The systemic influence wielded by surgical appeal to the pelvic orifices, of which any fair-minded member of the medical profession can readily be persuaded upon putting the matter to a practical test in any considerable number of cases, is what has given these openings the position of preferred mention when the term orificial surgery is employed. •

The surgical methods by which the lower orifices may be so dealt with as to render efficient service in the cure of all forms of chronic diseases will not be considered in the present paper. But the fact that by properly applied surgical measures to the outlets of the body the immense army of sufferers from chronic disease in all its types can obtain marked benefit, and in most cases permanent cures, is now established beyond controversy; and to question this fact is simply to demonstrate either ignorant or willful and unfounded prejudice on the part of any one who attempts to sustain so ridiculous a position. But ignorance and prejudice upon this subject are not yet entirely overcome, and there are still a large number of intelligent doctors who are by no means persuaded that the existence of the various forms of chronic disease can be rationally explained upon any reasonable theory of pelvic

pathology as a producing cause, nor, consequently, would they think of appealing to the pelvic organs with any form of surgical procedure in hopes or expectation of exercising even the slightest beneficial influence upon chronic diseases generally. These doctors are willing to listen to pelvic complaints when these appeal to the bodily consciousness of their patients and local discomfort makes it manifest to them that their patients may possibly require local attention. But they still repudiate and oppose energetically the least insinuation that any possible kind of pelvic irritation can explain functional derangements and organic pathology in remote parts of the body in cases where the patients have no pelvic complaints to enter, ignoring, of course, the fact that all bodily consciousness is furnished by the cerebro-spinal system, while the sympathetic nerve, upon which nutrition and repair depends, is so unobtrusive as to completely elude, regardless of its condition, every form of bodily consciousness, unless, of course, in cases among the better educated classes in which consciousness is employed in the detection of the functional operations of the various organs. •

There are a large number of the medical gentlemen, however, who opposed the orificial thought when first promulgated who are now persuaded that there is something in it, and while they desire to employ it in their practice they hesitate to acknowledge their change of opinion and hence feel a foolish desire to avoid employing the term orificial surgery, having not quite the courage of their convictions and being loth to acknowledge their error.

There is another class of medical men who are wholly ignorant of orificial surgery and its benefits in the cure of chronic diseases, and who prefer to remain so, for what sensible reason the Lord only knows, but still a reason of sufficient force to hold their eyes and ears closed to any form of testimony that would have a tendency to change their views. Of course such men are narrow minded and prejudiced, and for this reason ought not to be in the practice of medicine; but they are. Many of these men are rectal specialists and occupy themselves by giving their attention to all self-conscious rectums that apply to them for relief. Others of them confine their attention to genito-urinary and sexual disorders whenever self-conscious difficulties of these parts apply to them for consideration. Of these latter doctors a few have prepared themselves especially for attention to the sexual and genito-urinary difficulties of men, and a large number, named gynecologists, confine their attention to so-called diseases of women.

Rectal specialists, however, are beginning to find out from their experience and from their study along the lines to which they have determined to give their consideration, that exclusive attention to the rectum is by no means adequate to the cure of all rectal cases. (See

Kelsey's book, also that of Mathews.) They are beginning to realize that there is such a close sympathetic connection between all the various pelvic organs that the cure of a rectum in many cases necessitates needed attention to adjacent parts. They are therefore beginning to encroach upon the work of those who make a specialty of the genito-urinary organs. On the other hand, the gynecologists, and the genito-urinary specialists who confine their attention to the diseases of men, are beginning to realize that many of the difficulties which they have to contend with are reflected from rectal disorders, and that before they can practice successfully in all cases their own specialty they are compelled to encroach upon the rectal field.

As a result of this state of affairs the gynecologists and the practitioners in the genito-urinary diseases of men are becoming rectal specialists as well, just as the rectal specialists are becoming efficient in gynecology and genito-urinary diseases of men. Hence the three specialties, namely, those of the genito-urinary diseases of men, of gynecology, and of the rectum, are imperceptibly, but necessarily, blending into one comprehensive specialty, which involves consideration of the pelvic organs as a whole.

For this reason, it seems to me, a new medical term is demanded by which to designate the work of the pelvic specialist. Those who wish to employ official principles for the cure of their cases and at the same time avoid making use of the name will welcome such a term. Rectal specialists, the genito-urinary specialists, and the gynecologists, for the reasons just mentioned will also welcome it, and for the sake of all to whom these classifications of medical talent apply the new term, pelology—spelled p-e-l-o-l-o-g-y—is respectfully dedicated and offered for their consideration and adoption if found satisfactory.

In coining this new word great care has been taken to conform to well established and universally recognized laws of word formation. First of all, the new word must be euphonious as well as correctly formed, and must be sufficiently unlike all existing words as to encounter no difficulty in establishing its individuality. With these requirements in mind, let us consider the formation of the new word which is ambitious to stand for the new specialty whose field of operation includes the pelvic organs. First of all, the word must end in "ology," for this Greek terminal has become such common property as to be a legitimate trailer for any properly selected antecedent. It has already helped us in the building of all such words as odontology, otology, osteology, laryngology, ophthalmology, neurology, biology, philology, anthropology, and many others needless to mention. It is anybody's property, and is at the service of any term which requires for its completion an ending signifying knowledge, learning, or discourse upon.

This Greek terminal is therefore at our disposal and may be employed as a proper ending for our new word. The first part of our new word must be a term signifying the pelvis, the word pelvis itself being unsuitable because of Latin origin. Looking for its Greek counterpart, however, it is found to be *πελλα*, meaning bowl or pelvis. In forming new words it is common practice to make use of the genitive, nevertheless the root alone may be taken, attaching to it whatever terminal may be desired. The root of pella is pell, and joining to this the terminal "ology" we have the legitimately constructed euphonious term pellogy. If the second lambda be retained there will be some danger of confounding the origin of the word with the Latin word pellis, which means skin, and as there is no established usage which would absolutely prevent the elimination of the l terminal it has been decided to drop it in the formation of the word and spell the word pelology, with two l's instead of three. From pella there is derived a Greek adjective *πελυσ*, whose genitive is *πελλικος* from which the word pelycology has already been coined. But the term pelycology in its meaning has been confined to the measurement and conformation of the bony walls of the pelvis. It is never desirable to put new wine into old bottles, that is, to seize upon old words and infuse them with new meaning, a new term being desirable where a new meaning is to be expressed; and as we are deriving our new word from pella, instead of from its derivative adjective, we are able to construct the new term pelology and thus avoid the already coined term pelycology, which is less euphonious, besides already having a different meaning from the one which we desire to convey. Then, too, pelycology sounds too much like pelican, and hence is too fishy, and also too flighty in its association for medical purposes. As the term gynecology, therefore, has been employed to designate the study of the diseases peculiar to women, so the term pelology is formed for the purpose of giving a name to the study of diseases of the pelvic organs.

Not satisfied to commit so presumptuous an act as the coining of a new word upon my own limited knowledge of the Greek language, which has rusted now for thirty years, I took pains to enlist the services of Prof. I. M. Wellington, who is widely known as an eminent Greek scholar and teacher. After looking up the subject carefully and giving his opinion, which exactly coincided with my own, instead of committing his own views to writing for your benefit and mine he addressed a letter of inquiry upon the subject to Prof. H. Z. McLain, who occupies the chair of Greek in the Wabash College, receiving promptly from him the following reply:

"The Greek has the words pélla, péllis (stem pellid), peliká and peluz (stem peluk), all (like the Latin pelvis) meaning a bowl. From

péluz have been formed the words pelycography, pelycology, pelycometer, all given in the Standard Dictionary, and the last also by the Century. It might seem better to use the form pelycology, as it already has recognition. But from pélla the word pelology might properly be formed, which, however, might by some be thought to be derived from Latin pellis, a skin."

Receiving from the facts and considerations presented and the statements of Professors Wellington and McLain ample assurance that the new word is correctly formed, I take great pleasure in placing the term pelology before you for consideration, to be employed or rejected as seems to you best. If this word is rejected another one will need to be coined, for everyone must admit that in view of our increased knowledge concerning the mutual influence exercised by the pelvic organs one upon the other, both in health and in disease, we have urgent need of a term which we may employ as a designation for the study and consideration of the pelvic organs.

The term orificial surgery from usage has become inseparably entangled with the orificial philosophy, and as a consequence the doctor who announces himself as an orificialist, no matter how much he may desire to confine himself to orifices which are merely self-conscious without recognizing the influence of his work upon the general system, would find himself unable to do so, and the very term by which he designated his field of labor would itself imply an indorsement of a philosophy with which he had no sympathy, and consequently no disposition to sustain. But the new term, pelology, has no such association. By no stretch of the imagination could it be construed to apply to a consideration of the upper openings of the body, nor does it contain the least recognition of the fact that pelvic work has a systemic action, nor does it imply the slightest implication that pelvic work is not merely local in its operation, but exercises also a profound systemic action which reaches to every part of the body. The pelologist would be a specialist whose labors were devoted to a consideration of the organs of the pelvis. By announcing himself as a pelologist a doctor would escape in this manner applications for the treatment of eyes, ears, noses, and throats, so liable to expect relief from the so-called orificial surgeon when the patient is ignorant of the peculiar meaning which is now given to the word. For this reason it seems as though the term pelology would receive a hearty welcome at the hands of those who recognize the mutual interdependence of the pelvic organs and the necessity of curing all of them to cure any one of them, and who, while they prefer to select the pelvis as the field for their special professional attention, at the same time would desire to be excused from being placed in a posi-

tion which, from the very name of their specialty, would imply their recognition of the tenets of the orificial philosophy.

The term pelology is therefore respectfully submitted to your tender mercies.

E. H. PRATT, M.D.

This paper was prepared for and read before the Minnesota State Homeopathic Institute at its recent meeting in St. Paul. There was no discussion, but a vote was unanimously passed endorsing and adopting the new word.

As the sentiment of the profession more generally was desired before presenting the word to the reading public, the same paper was also read before the Wisconsin, Kentucky, and Indiana Homeopathic State Societies; whose meetings were held in May at Milwaukee, Lexington, and Indianapolis respectively. The Wisconsin meeting endorsed the word by a unanimous vote, and requested the homeopathic publications to make use of it as occasion might require in their publications.

The Kentucky State Society took no action upon the new word, nor was it discussed, the paper being presented merely at the close of the meeting when the doctors were in a hurry to close their exercises.

At the Indianapolis meeting the paper elicited extensive discussion and many questions were asked. Dr. McCulloch seemed to think that it was a step backward. Dr. Stewart thought the word was just what was wanted, and spoke very strongly in its favor. Dr. O. S. Runnels was not satisfied with the word, because it did not embody the principles of orificial surgery. Although the objections to the term orificial surgery were valid, nevertheless the philosophy which it embodied was unquestionably true and destined to universal and permanent recognition, and there should be some term at the disposal of the profession which would embody the orificial thought. He wanted to know if the coining of the term was intended as a sop to those who wished to do orificial work and at the same time ignore the orificial philosophy. Dr. W. F. Curryer, who sat quietly thinking during the discussion, finally arose and said that he had no remarks to make, but as a product of the discussion he thought that what was wanted was a term that would not only mean the consideration of pelvic work, but also the fact that the influence of pelvic work was as widespread as the body and that, therefore, it occurred to him that the word pelology might be improved upon by adding the prefix neuro, making the word neuro-pelology.

Dr. Pratt, in closing the discussion, said that the term orificial surgery had been so closely associated with the orificial philosophy, which of course must last, that the history of medicine had been indelibly etched with the term and it would be impossible to discontinue its use, nor was this altogether desirable, for the word had already acquired a

standing of such strong individuality and of such a definite meaning that its continued use would scarcely occasion confusion and it would be difficult to transfer the fullness of its meaning to a new term. The word orificial surgery had already gone beyond recall. The idea of the new word had been enunciated in the paper. It was for the benefit of those who recognized the interdependence of the pelvic organs and the necessity of only one specialty for this region of the body instead of three, for in reality each one would have to encroach upon the others so that practically there was but one pelvic specialty, and consequently there should be but one name. Whereas this word was not offered as a trap to entangle pelvic workers in the meshes of the orificial philosophy, nevertheless the great truth of this philosophy will undoubtedly in the course of time dawn upon all pelvic workers. When an observer had got so far as to note the fact that one pelvic organ exercised a profound influence upon the condition of the other pelvic organs it is only one step further, and that an inevitable step, to the recognition of the fact that pelvic disorders exercise a profound influence upon the universal capillary circulation, and consequently should have consideration in the treatment of all forms of chronic disease. A pelologist would unquestionably in the course of time become an orificial surgeon, for the same mental process which led him to the adoption of pelology in the course of time would lead him still further to the adoption of the term orificial surgery, or at least its philosophy.

As for the suggestion of Dr. McCulloch that the introduction of this new word was a step backward, so far as orificial surgery was concerned, Dr. Pratt had merely this to say: that Dr. McCulloch need have no apprehension upon this score. All truth was God-born and God-vitalized, and God-sustained. It did not belong to any man, could not be long obstructed by any man, and did not need the defense or support of any man. If truth could not take care of itself, what would it do when its present defenders were gone should no new ones arise? This false idea of the necessity of defending truth had hindered its acceptance more than it had aided its progress. Humanity wanted the truth, doctors wanted the truth, the people, the healthy and the sick, wanted the truth, the whole human race was thirsty for the truth; but no mortal on God's footstool enjoyed slavery, no one possessed of any degree of self-respect enjoyed being led, dominated, or driven by other human personalities. The love of liberty was innate in human nature, and whereas all men were willing to acknowledge a Supreme Being they universally, one and all, rebelled against acknowledging the superiority of another fellow being. Look at the history of homeopathy. Whatever truth there is in it unquestionably the entire world wants. If it will really cure people better than other methods

it is what is universally desired. Then why is it not universally studied and recognized? because, as we all know, the fundamental principle of homeopathy is unquestionably an eternal and living truth. The fight, my dear friends, has been a fight against mere personalities started by Hahnemann and kept up by his followers and not a fight against the truth of homeopathy. The mere fact that Hahnemann himself was without a follower for thirty-three years when the great truth which he stood for was so practical, so plain as to have merited an immediate and universal welcome by the medical world, shows in itself that he was not merely a great student, a great truth seeker, and a great law interpreter, but that there was also in his nature an unhappy, a forbidding, or a disturbing personal quality which repelled his fellows instead of inviting their companionship and coöperation. Had he been a hail fellow, well met, charitably disposed and tolerant, he would not have been chased from town to town and forced to lead so lonely a career when his mission on earth was fraught with so much importance to suffering humanity.

So far as you and I are concerned we do not perpetuate homeopathy, but rather hinder its progress and perpetuate the personal and undesirable qualities of Hahnemann himself when we keep up a fight which was begun not by homeopathy, but by Hahnemann. If we really desire to aid in the spread of homeopathic practice in medicine we must stop calling those who practice other systems hard names, and remembering them in a spirit of hostility and unkindliness. In this, as in all things, the Christ principle is the only practical one. We must lay down our life to find it. We should be willing that other men should differ from us in opinion, and still meet them as hail fellow, well met, being glad if they are happy and contented in their faith, whatever it may be, and only giving them of our knowledge as they may desire it. We cannot choke truth down humanity's throat, and every attempt of this kind will not only be futile, but absolutely harmful to the cause of the truth involved. The same is true of the orificial philosophy. If it be true it will live and flourish and pass on to its complete sphere of usefulness without any championship whatever, for all humanity will in time become its champions. The greatest hindrance which it will experience will be the vehement assertions and extravagant remarks and pretentious claims supposed to be in its favor. The world does not care for Pratt. It does care for whatever is true, for whatever message of truth Pratt may have the privilege of telling to the world. But to give this message successfully Pratt must subside, pass into obscurity, get out of his own sunlight and let the truth merely filter through him, not posing as a source of truth, as the possessor of superior knowledge, or indulging in the slightest degree in a love of rule, in a desire to

line, extending up to the umbilicus, but at the time I decided this was merely the tense recti muscles, being the more easily persuaded as the sound passed two and a half inches and stopped as it would in a uterus of normal depth. She was advised to have curettage and repair of the internal and external lacerations, to which she readily consented.

On December 16th, she was put under an anesthetic. After the guy ropes were placed in the cervix a careful bimanual examination again disclosed unusual resistance in the median line. The first sound used passed six inches. The indefinite mass was now explained. Here was a case of subinvolution, in which the uterus was almost as large as at the moment the child was expelled. A spoon curette was carefully used and a large amount of granulation tissue removed. With the curette the cavity of the uterus could be plainly outlined. The largest mass of granulations came from the region just above the internal os; the dilatation with the Pratt's graded sounds was unusual in that the cervical tissue did not seem to stretch, but once or twice seemed to give way. In passing the curette, once I met with obstruction and finally struck something that sounded like bone, and suggested my having touched the promontory of the sacrum. The curette was withdrawn, when I found two longitudinal rents in the cervix between the external os and the internal os, a small one to the left and posterior, a larger one to the right and anterior, which increased rapidly under examination, as the tissues were friable. With one finger guarding the splits in the cervix, the sound was passed into the uterus, again carefully verifying the depth to be six inches. With the sound the posterior rent was then gently, but thoroughly, examined and found to be not entirely through the cervical tissues. The anterior rent, however, was quite through and the sound passed into it three inches without meeting resistance, and was then withdrawn in order to do no violence. The uterine tissues were so friable that even the guy ropes seemed to threaten to tear off the cervix below the internal os. It was decided to remove the guy ropes and do no further operative work until involution was completed. The slits in the cervix were left lightly packed with candle wicking for drainage and against the cervix gauze soaked in calendula, hypericum and hydrastis.

On awakening, the patient complained of pelvic pain and of a desire to urinate, which was later accomplished voluntarily. She had a nervous chill and much twitching of the hands and face, but all of these symptoms were such as she had been having ever since the confinement. That night she rested fairly; the next morning the temperature was 99 4-5, and the abdomen very tender to touch. She received faradism fifteen minutes, one pad over

the abdomen and one under the sacrum, and a fresh gauze dressing to the cervix with the same medications used yesterday. Internal remedies used were merc. cor. and cantharis. The next day she was better, with normal temperature. Her only complaint was of abdominal contractions similar to after pains. These continued for several days, when they ceased. The treatment given the day after the operation was repeated for twelve days. She also had large hot douches daily. She improved steadily, and by the fifteenth day she was able to come to the office for treatment, at which time the uterus could be plainly outlined, contracted down to nearly normal size. She was given intrauterine-bipolar faradism every second day for ten days, at the end of which time she felt perfectly well. It was my desire to operate for the lacerations, but she said she could not make up her mind to have it done while she was feeling so well.

Five months later she wrote me she was again pregnant, and was much alarmed about herself, because of her past experiences, losing each of the last two pregnancies before time. She later wrote me that she had miscarried, but I have reason to believe it was through interference from some one in the town where she lived. A few months later she came to Minneapolis again, saying she was pregnant and unwilling to go through with it. Careful examination showed her to be in excellent condition, and she was at last persuaded to let nature take its course. She returned home for a few months and came down to have me attend her in her confinement. Her labors had always been long and severe and puerperium protracted. It is needless to say I felt some anxiety over the effect of the slits in the cervical tissues two years ago, upon the expected labor. It is with pleasure, then, that I record the fact that on May 25, 1899, she was delivered with practically three pains, of a healthy little girl, and that the subsequent history of mother and child has been the best I could desire. As a matter of precaution after labor I gave four faradic treatments, placing one pad on the abdomen and one under the sacrum. The uterus contracted so promptly that this was probably unnecessary, except for its mental effect on both the patient and physician, making them feel that something was being done to prevent future trouble.

The boundaries of medicinal therapeutics as well as of surgery are becoming better and better defined by each day's experiences. Physicians are gaining more accurate knowledge concerning what can, and what cannot, be accomplished by drugs, and are realizing to a keener extent the value of the time-element in the surgical case. At the same time surgeons are learning when their services can be of the greatest value, and are perfecting their technique to such a degree as to banish entirely from their work the element of danger, or, are reducing the percentage of that danger ever to a lower and still lower degree.

They have acquired the knowledge from their defeats as well as their victories that delayed and postponed surgery is the hazardous surgery; and that the danger is usually in inverse ratio to the square of the distance in the time of delay. They have found, alas, in too many instances, that procrastination has been the cause of the fatality—that recovery would have been morally certain if the surgical remedy had been applied in time. They have been taught by experience that the happiest time for action is the time when the nature-signal for manual help is made for the first time: as soon as the powerlessness of other adjuvants, including medicine, is determined. I mean before cell-life begins its widespread metamorphosis into local death or into malignant proliferation.

All delay of surgical action until the stage of pus-formation is entered upon in appendicitis, or until peritonitis or gangrene is imposed upon intestinal paresis, or until an abnormal growth has shown persistency and steady and more or less prolonged increase in development, in spite of well-directed medicinal therapeutics; I say, all such procrastination is in disregard of the plainest teachings of experience and is an ever-increasing menace to the life of the ill-advised and misguided patient.

There must be no bad advice at such a time as that; no shilly-shally on the part of the physician in such a presence; no hesitation and criminal delay when the opportunity to save the life in question is yet a thing of the present! The time to turn a switch and save a train from impending doom is before the train has passed the switching point. The highest attainment of the physician is the ability that shall enable him not only to discern the switch when he comes to it, but to throw the lever!

Dropping generalities and coming to specific considerations, there is much to be said.

The one surgical disease that looms above all others and that is assuming more and more gigantic proportions, is what is called cancer. Mankind is appalled at the rapid *pro-rata* increase of the disease. Never before have cancerous diseases exhibited such widespread prev-

alence. Never before have the resources of the healing art been put to such severe test. It is not only the more frequent appearance of the disease, but the more painful recognition of its powers of dogged pertinacity. Many professional as well as lay observers have reached a state of hopelessness as to cure in the vast majority of well attested cases, and are inclined to adopt the do-nothing policy of futile expectancy, or the practice of catching at straws in the trial of one "sure cure" after another till the end is reached. And I may as well admit that after the given case has passed a certain stage of development it is not very material what is done or left undone, the result will be the same.

It is the delayed case of cancer—the one with lymphatics already infected by widespread proliferation of cancer-cells—that proves to be incurable. It is these cases that have brought opprobrium to the surgeon's knife and have led some superficial people to the belief that the "knife" so-called, is a bad thing in the treatment of cancer, and that it perpetuates rather than obliterates the disease. But no one versed in the nature of the disease can give credence to any such thought. It is, in all such experiences, but a recognition of the futility of eleventh-hour work, when one method has as much to commend it as another has; because at that stage all are powerless alike to avert the certain doom.

Cancer can be cured in two ways; and let the knowledge of these be universal. It can be cured first by prevention. If all causation of physical decline be ruled out; if nagging irritations of the sympathetic nervous system be not allowed to continue; if nerve-waste of any order be promptly countermanded at its very inception, and the physical tone—the individual's battle-power—be kept at the maximum, there can never be the advent of cancer or other chronic disease. Nature will be ever competent—as she was designed to be—to ward off such dangers, and will go on with her exhibition of perfect health to the limit of old age. Let it be iterated and reiterated, that chronic disease is found only upon the individual of low vitality. It comes only when the life-force is impaired; when there has been a decline from the normal for a long and perhaps indefinite time; and when the powers of resistance are inadequate for continued defense.

The first work of the physician is to ascertain in every ailing individual if the causation of the physical deterioration be still operative. Or, what is far better, he should ascertain this knowledge before individual complaint is uttered; as it is now known that impairment of vitality may go on for years without the knowledge of the patient. Rigid examination to ascertain life-soundness should be made at frequent intervals during the life of every human being. There should

be assurance oft-repeated, not only that the major organs of the body are in a state of normal exercise; that the glands and lymphatics and integument are free from morbid expression; that there is no such thing going on as peripheral nerve-irritation, and that no nerve-waste is in progress that will eventually cripple and exhaust the life-energy.

Some have come to the realization of the immense significance of orificial irritation and other morbidity in the causation of degenerate conditions; but alas, how blind the major portion of the professional world still in this regard. How amazing it is that this can be said!

If only physicians could realize the supreme need of stopping deteriorations at their very commencement, what vantage ground would be gained. The most opportune surgery that can be rendered is that surgery at the very beginning of all physical decline that shall remove the thorn in the flesh that is serving as a causative factor. It is that manual intervention that shall free the sympathetic nervous system from the expensive imposition of all extraneous irritation. It is that intervention very trivial *per se*, but of immeasurable value in its results, that shall relieve all eye-strain by the additional use of lenses or otherwise; that shall abate all nasal impediments by the extraction of polypi and the removal of malformed turbinates; that shall remove by electrolysis, excision or otherwise, all adenoid growths or follicular degenerations in the nose or fauces; that shall have supervisory care of the teeth and especially those foreign bodies known as "wisdom teeth," and that shall rule out all abnormal contractions and adhesions of prepuce and clitoris; all stenoses or abnormally tight or irritable sphincters of rectum, uterus or bladder, and all vegetations, polypi, tumors, hemorrhoids, exaggerated papillæ or cicatricial formations that may have been imposed upon the sexual organs and the lower orifices of the body.

I say early and repeated attentions of this sort, trivial enough in themselves, and wholly devoid of danger, can make all the difference between health and chronic disease. Such wise foresight in connection with what we know of hygiene and sanitation, particularly as it relates to the individual, will effect cure by prevention not only of cancer, but of all kindred chronic or intractable ailments.

The second way to *cure* cancer is to extirpate instantly every tumor-growth that makes its appearance. Let there be no delay for an exact diagnosis as to the true nature of the growth. If the growth be benign no harm can result from its immediate removal; if it be malignant, the life may be lost by the delay of a single day. No tumor is malignant at the beginning; all are benign at first. At the inception it is merely an impairment of normal cell-activity. As this suspension of normal exercise goes on, proportions are assumed and local attentions are demanded. The individual is made aware of a vegetation or an abnormal

growth. It may yet be wholly local, involving no contiguous tissue. The cell-change may yet be only that incidental to great embarrassment of normal cell-action. It may still be erosion, only carried to a high degree of cell-proliferation; and not, as yet, epithelioma. The cells of an induration may still have the characteristics of the normal—may not yet have taken on the characteristics of malignancy. They may be found to occupy their splendid isolation—each a thing by itself—and not yet broken and grouped in nests of promiscuity. The cell—the fundamental form-element in every organized being—is intact and still competent to perform its normal functions of sensation, nutrition, reproduction and automatic or spontaneous motion. It still constitutes within itself an entire organism and is capable of entering harmoniously into the structure of another and greater organism.

But when this normal exercise is lost, the boundaries are disregarded, trabeculæ are formed, and peculiar cells in nests and nodules are generated in the stroma of tissue. When that histological change takes place, the transformation into malignancy has occurred; and carcinoma with all that that implies is a veritable fact.

I repeat, that the way to treat such a growth properly is to treat it surgically, if possible before the evolution into malignancy has taken place, and certainly before proliferation into surrounding tissues and lymphatics has been accomplished. This should be done at that early day when degeneracy is at the initial, and when a miracle is not demanded to save the life. Not only should root and branch extirpation be effected at that time, but rigid search should be made, also, in every case, for the causative factor. The surgeon's duty is never done till all peripheral nerve-irritation is discovered and discontinued. This is the Alpha and the Omega of the surgeon's business. It is the first thing to look for in the "healthy" as well as in the one making chronic complaint, if degenerations are to be averted; and it is the indispensable thing to see to even in the major and badly diseased case, if restoration to perfect health be the ultimate object.

The next surgical disease claiming preëminence is idiopathic peritonitis. I mean all peritonitis evolved from conditions within the peritoneal cavity in contradistinction to that imposed from without. For in strict parlance there cannot be, in my opinion, such an evolution as idiopathic peritonitis. Peritonitis is invariably due to sepsis. The septic material may be poured upon the peritoneum through a pathological or accidental orifice of the intestine or its appendix; or the gall-bladder or its duct; or the patulous extremity of a fallopian tube; or the evacuation of a contiguous abscess. It may follow also the local paresis of intestine due to trauma or strangulation, in which case the infection of the peritoneum is by transmigration of bacteria through the devital-

ized tissues. Peritonitis, therefore, implies septic infection of the peritoneum. The great questions are: Whence comes it? and, What is the remedy? So far as perforation due to dotheienenteria is concerned, little can or need be said. The history of the case illuminates the diagnosis, and surgical intervention thus far attempted has had little to commend it. Perforation due to gunshot wound, however, requires immediate surgical repair with thorough disinfection of the peritoneal cavity. Perforation of the appendix vermiformis has had many suggestions made in regard to it, but it makes in reality as imperative demand upon the surgeon's attention as does the gunshot wound itself. The exceedingly prompt removal of the superfluous appendage with a spouting orifice has certainly no contraindication. If, haply, one could always tell when the perforation has occurred; if instantaneously, thereafter, one could invariably come to the rescue by effecting its removal, it would be a great desideratum. But, unfortunately, the exact time of such an occurrence is always shrouded in darkness. Experience has proven that the perforation has frequently taken place days or weeks before the surgeon has made his advent. There is already a pus-pocket or widespread inflammatory adhesions, indicating that nature has been waging a losing battle for an indefinite time, and that the surgeon is confronted by manifold peril in his laudable but belated effort to save life.

Fortunate is he indeed, if, by wise foresight, he has gained his entrance before the perforation has been made—before his field has been strewn with millions of septic bacteria. If he can only arrive in the peritoneal cavity before the loaded gun has gone off, and, by the exercise of common sense, can remove the infernal machine in toto before the explosion takes place, he will accomplish the ideal act. For he will be able then to do an aseptic operation and will find resolution invariably speedy and complete. He can approximate at that time Morris's golden rule: "An inch-and-a-half incision and a week-and-a-half in bed," and be able to attain a percentage of cures aggregating an even hundred per cent. By such opportune service he will rescue the operation for appendicitis from its undeserved opprobrium and place his art in the very fore-front of remedial endeavor.

The misfortune of it is, however, that sepsis in the appendicitis case is almost always in progress before counsel is sought, and whether perforation has occurred as yet or not, the local anatomy is undergoing retrograde metamorphosis with more or less rapidity. The course of procedure at such juncture must depend upon the preponderance of evidence. If the inflammation be circumscribed, or the break-down of tissue be limited to a small area, the demands for surgical remedy are still in the ascendant, and no time should be lost in its performance.

It may be that pus-formation has developed to such a degree as to forbid more than an exploratory operation with proper drainage of the pus-sac, leaving the radical operation to a subsequent and more favorable time; or that the infection may have spent its force, having been generated by extravasation rather than by perforation, and that the evolution is from bad to better, in which case surgical treatment should be delayed till the stage of quiescence is again fully entered upon. Every case of appendicitis, however, must be considered recurrent; as an appendix that has been in trouble once is morbid ever after and is sure to be again troublesome. Every such appendix should be removed as soon as the eruptive infection has been stilled, and before repetition is made.

If the degeneration has reached such gravity when counsel is sought as to forbid operative interference, or to give but little promise of success in such endeavor, the credit for the fatality in that event should be properly made. These are the cases that have burdened surgery from the beginning, and can, in no sense of fairness, be chargeable to it. Desperate chances are often very properly taken in the presence of almost certain death; and no surgeon deserves his title who would fail to act if there be yet the faintest probability of success; but it is last-resort work, and must be rated accordingly. The ardent prayer of surgery is that it may be spared all such dire emergency. Experience of that sort is the strongest plea for an early operation that can be made.

If physicians and surgeons could tell always what is going on in the abdominal cavity in cases of acute embarrassment, the argument in favor of expectant treatment would have more force; but they cannot. In numberless instances it is not a question of great learning or wide experience on behalf of the observer. Inability to make a correct diagnosis without open exploration of the peritoneal cavity has been experienced in thousands of cases by the best men of the profession. In view of this fact, the insistence upon the use of expectant treatment however administered, day after day without adequate response and in the face of an evolution ever from bad to worse, is malpractice of the rankest order, and eventually must be considered so from a legal point of view.

The proper treatment of advanced appendicitis, it is true, is always a problem of the utmost gravity, and its solution should never be essayed, if avoidable, without the counsel of an experienced surgeon. The same rule should apply in the acute case, inasmuch as every case of morbid appendix is in very fact, from the beginning, a surgical case.

An experienced surgeon, a favorable surgical environment and the opportune time, are indispensable factors from the conservative point

of view. Inexperienced physicians as well as inexperienced surgeons must divide honors when the death-roll of appendicitis is referred to.

Tubercular peritonitis is another surgical disease; but without moot questions. There is no diversity of opinion as to treatment in such an event. Surgery is the only remedy at any stage of the evolution that can give any promise of cure. Unfortunately, the odds at that time are against even this; inasmuch as only from thirty to forty per cent of the cases have been saved by its service. But that number is clear gain, inasmuch as few, or none, will survive without surgical remedy. Here, as elsewhere, in all cases of prolonged retrograde metamorphosis, the surgical remedy is called for at the earliest possible moment; the earlier it is the better it will be for the patient as well as the column of statistics.

Thus far the diagnosis of the disease has been made almost wholly by accident and as the result of exploration in the pursuit of other object. When the rule shall be universally followed that all intra-abdominal conditions manifesting obscurity and any degree of obstinacy, under well directed curative effort, shall have the benefit of exploratory surgical operation, the diagnosis will be confirmed invariably at the very inception of the disease, and the probability as well as the possibility of its cure correspondingly enhanced.

Yet another distinctly surgical malady is encountered in ectopic pregnancy. Every gestation that is going on extraneous to the uterine cavity is perilous in the extreme, and, when left to itself, almost invariably ends in catastrophe. So great is the hazard of expectant treatment, that every case should be the recipient of a surgeon's attention from its earliest commencement. Immediate interruption of the development by surgical intervention should be the invariable rule in all early cases. If, by good fortune, the diagnosis can be established before rupture of the tube has occurred, or before intra-abdominal hemorrhage has become appalling, the ablation of the tube and contents should be effected. Surgical treatment is called for as soon as the first agonizing pain in the lower abdomen, attended by syncope and cold sweat, is experienced; and especially when followed by local tumefaction and hyper-sensitiveness. The imperiousness of the demand grows by each repetition of these phenomena in any given case.

If the resort to surgery be left till an open artery floods the peritoneal cavity, or till an immense hematocele burrows its way into the broad ligament, or makes an extensive subperitoneal excavation, the difficulties of the situation will be multiplied to an almost hopeless extent, and the saving of the woman's life will be a bare possibility. I cannot here consider all the phases of the evolution that may determine the time of surgical intervention in the delayed case. The con-

ditions of the case must then determine whether that step shall be immediate or postponed. The only exception to the rule for surgical action in every case of extra-uterine pregnancy is the early death of the embryo and the certain indication that the small tumor is lessening in size, and that absorption is finally complete.

From what has preceded the lesson is clear that no surgery can be considered opportune that does not remove every nagging peripheral irritant before its presence has been announced by long-continued discomfort, and before depreciation, thereby, of the physical capital has been effected; that does not effect the removal of all solid and cystic growths at their very beginning; that does not penetrate and evacuate all abscesses and pus-collections at their very earliest formation; that does not obliterate a hernial sac before strangulation occurs, or the orifice becomes hopelessly dilated; that does not arrest the growth of every extra-uterine embryo by removing it with its envelopes while still entubed; and that does not abate at its very inception every obscure and persistent intra-abdominal abnormality. I cannot refrain from adding a few notes from personal experience in corroboration of these views.

Mr. X., aged 40, a common laborer, in the best of health, was conscious Saturday night of a gradually increasing pain in his right lower abdomen, and took a cathartic. The following day, having a small bowel-movement, uninfluenced by cathartic medicine, and with pain increasing, he repeated the cathartic, without result. During the next five days the same, or similar, treatment was continued without different result. The man continually drifted toward his doom in spite of jalap, calomel and castor oil. At the end of that time his doctor was discharged and I was called in. I found great tympanites and could ascertain nothing from palpation or percussion; there was ineffectual and almost continual desire for stool; temperature 102; pulse 150 and thready. I urged immediate exploratory operation. The family hesitated till the next morning, when the patient died. At the autopsy I encountered a freak of anatomy. The course of the colon was reversed: cœcum in left iliac space; ascending colon on the left side; descending on the right side; the colon at the sigmoid flexure was abnormally long—18 inches—making a loop. This was twisted upon itself, making a rope at the base of the loop an inch in diameter. The strangulated colon was gangrenous. The rope due to torsion of the colonic loop was easily untwisted, and, if done in time, would have solved the difficulty. The embarrassment in the appendix region was explained.

Mrs. Y., aged 52, residing at Columbus, Indiana, had had recurrent attacks of severe pain in her right lumbar region, accompanied by

increase of temperature. The last attack, four months before the one under consideration, lasted two days. She then had marked tenderness in the appendix region, accompanied by tympanites and fever. Under the oil treatment, followed faithfully for one or two days, these attacks had always yielded promptly. This last attack, however, seemed more persistent. The usual treatment had been employed, but her watchful and very competent physician, Dr. A. Rice, had become dissatisfied with the persistency of the symptoms, and particularly with the more intense pain of a cutting nature in the region of the appendix, and with the increasing area of sensitiveness and percussion dullness. At the end of forty-eight hours he called me in consultation. Upon my arrival, however, the patient was easier; the bowels had repeatedly acted freely in response to the usual treatment; and the question of non-surgical interference was discussed. After a few hours of further observation, however, it was decided that she was not making a favorable evolution, and abdominal section was performed. With great surprise the appendix vermiformis was found to be normal. In lieu thereof, was a small ovarian cyst twisted upon its pedicle and already in a state bordering upon sphacelus. I take pleasure in recording that the "knife" was there in time. She made an uninterrupted and perfect recovery, and may be thankful for the remainder of her life that expectant treatment had not been followed for another day.

Sergeant-Major M., 157th Indiana Volunteers, was admitted to Camp Mount Hospital suffering from severe pain and tenderness at McBurney's point. There had been profuse diarrhea for forty-eight hours before the advent of the acute suffering, and he stated that he had had during late years, several attacks of similar suffering. He was admitted to the old school ward of the hospital, and had the full benefit of "regular" cathartic treatment. After forty-eight hours it was reported to me, as Surgeon-General, that there had been free defecation and that the patient was doing better. This, however, proved to be a vain hope. The following day, upon examination, I found marked tympanites with great tenderness and decided percussion-dullness in the appendix region. There had been no movement for seventy-two hours. The hospital being crowded and not ideal for abdominal work, he was taken to my private hospital in the city at midnight, and an emergency cœliotomy performed. It was a case of Meckel's diverticulum. There was a divergent pocket upon the ileum fifteen inches from the ilio-cœcal valve. This pocket had the same diameter as the main gut and was three inches long. It had been thrown over its principal and become adherent at its extremity to the parietal wall—thus forming with its mesentery and the ascending colon a veritable foramen, through which loops of intestine could insinuate themselves

and become strangulated. This is exactly what had occurred. A conglomerate mass of strangulated loops, very deeply congested and in spots black, presented themselves. The tangle was finally unraveled after the severance of the adhesion. The diverted portion of the bowel was excised at its base—making an enterectomy; the appendix, loaded with evil but not yet active, was removed; the “toilette” was carefully performed, and the operation was done. This was another instance of opportune surgery, which it is almost needless to say, was followed by complete recovery.

Mrs. E., aged 30; mother of two children, had been for several months greatly exercised over a tumor, the size of an English walnut, in her right mammary gland. The tumor was sensitive, with occasional darting pains through it; was freely movable and growing perceptibly, in spite of continued medication. I should have premised that she had had for several years much menstrual embarrassment, with repeated attacks of ovaritis; that she had had local as well as general medicinal treatment for over a year, and that her ovaries had reached a hopeless state of degeneration. Her great anxiety, however, was in regard to the mammary tumor; and she was ready to have it removed immediately if that would preserve her from cancer.

Reasoning that the mammary gland was a sexual organ; that the leaders in the morbid procession had been in this case the ovaries; that the mammary trouble was subsequent to, and a possible consequent of, the ovarian, I advised ovariectomy as the first procedure, with the hope of arresting the tumor growth by the removal of the source of reflex disturbance. When the ovaries were removed her strength was gradually restored; the tumor was arrested in its growth, and finally disappeared; and her health remains perfect at the end of ten years.

Mrs. H., 59 years old, had been treated for a solid pelvic tumor for the last fourteen years by the most eminent men of both schools of medicine in Chicago and other cities where she had resided; several of her counsellors were surgeons of national reputation. Every adviser had cautioned her against the use of the “knife,” stating with remarkable uniformity that the growth was absolutely fixed—probably sub-peritoneal—and unremovable. She had attained at the time of consulting me, near her death, monstrous abdominal proportion—a girth of fifty-nine inches—and was emaciated to a shadow. She had been tapped many times during late years, yielding a large wooden bucketful at each sitting. She had been confined to her bed for many months, and was finally brought on a cot from a distant city to her relatives in Indianapolis, to die. She lived but a few days after her arrival.

The revelation at the autopsy was instructive. The tumor, which in its later stages had degenerated and become partly cystic, had been from the beginning nothing but a uterine fibroid; had formed no attachments to abdominal walls or viscera; and could have been removed with all likelihood of success at any time in all the years prior to the announcement of hopeless exhaustion a few weeks before her death.

I recall again Lawson Tait's statement, so often verified: "No man can tell invariably what is going on in an abdominal cavity before he has entered it; and every abdominal operation is in a measure exploratory."

It will not be necessary to prolong this discussion or to recite cases either usual or unusual in defense of the proposition that early surgical interference is the synonym of cure in a wide and ever wider field of remedial endeavor; and that all surgery that is worth doing at all is worth doing early.

SIGMOIDITIS.

T. E. COSTAIN, M.D.

CHICAGO.

I shall not attempt in this short article to give anything but a resume of the salient points to be considered, and hope the points made will be of value to some of the readers of your journal.

ANATOMY.

The sigmoid flexure is called by anatomists the first part of the rectum, and lies in the left iliac fossa. The average length is about seventeen inches, is entirely covered by peritoneum, and is attached to the abdominal and pelvic walls. It is composed of four coats, serous, muscular, mucous, and sub-mucous. The muscular coat is divided into circular and longitudinal fibers, the longitudinal being external; those in the sigmoid are arranged all around, and are more numerous than the circular fibers. The mucous layer is separated from the muscular by the sub-mucous. The blood supply is returned by means of the inferior mesenteric vein into portal circulation. The principal nerve supply is in the inferior mesenteric plexus of the sympathetic.

ETIOLOGY.

Acute inflammations of this part may be due to many causes, the principal ones being an extension of inflammations due to acute hemorrhoids, rectal abscess, rectal fistula, etc., as well as to a local peritonitis, constipation, enterocolitis, etc.

The chronic inflammation may be the result of the acute form, or may be, and more often is, caused by chronic constipation, resulting in a loss

of nerve tone of the inferior mesenteric plexus, which allows large masses of fecal matter to lie in its folds, producing an atony of the gut and an inflammation of the mucosa.

PATHOLOGY.

The many morbid symptoms due to a disordered sympathetic are hard to explain by a minute examination. The lowering of sympathetic force by any means, whether local or by secondary involvement from remote causes is a subject requiring our careful consideration. Any means, such as sexual excesses, rectal diseases, or morbid processes of these parts bear such a close connection to the sympathetic that disorders of this nature may be reflex from the nerve waste due to these causes.

The acute variety of intestinal catarrh is a moist catarrh, and is characterized by a hyperæmia and swollen tissue similar to an acute inflammation of the mucous membrane elsewhere.

In the chronic variety we have large quantities of mucous and desquamated epithelium, occasionally looking like a cast of the gut. If this goes on to a purulent or muco-purulent discharge the membrane may become ulcerous in spots, although the ulcers rarely go deeper than the mucosa, where they may be numerous. Occasionally we have a condition resembling diphtheritic membrane, but fortunately it is not often met with in this locality.

SYMPTOMS.

Local pain is often noted in the acute form, but is not so clearly defined in the chronic variety. Strings of mucus, varying in quantity from small amounts passed with stool to large quantities passed frequently.

Neurotic symptoms predominate. They, however, may have preceded the condition and may be a partial cause, in fact, may be the entire cause if due to constipation. These symptoms, however, make treatment more difficult and will require physical and suggestive means to overcome. Tenderness upon introduction of any instrument is met with in most cases, although we occasionally find cases with this lacking.

TREATMENT.

Treatment must first be directed to the inflamed membrane, and the remedies used for inflamed membrane elsewhere are applicable here. The method of application of these remedies is not difficult with the proper instrument at hand. Kelly's sigmoidoscope, or the Pratt sigmoid speculum, renders the task easy of accomplishment by saturating a quantity of lamb's wool in the medicament

desired and by means of a long forceps placing it in apposition to the mucous surface at the point desired. Olive oil passed into the sigmoid by means of a rectal tube will be of service. It acts nicely on the membrane, and also has a tendency to clean its surface of dry fecal matter which may be adherent thereto. In the chronic form the oil may be floated across the transverse colon by following it with water. The best means of accomplishing this is by using a Johnson tube, which is a soft rubber catheter about thirty-six inches in length, and inside of which is a spiral spring connected to an electrode at the outer end. This can be introduced its full length and the oil followed by as much water as is desired to be passed into the intestine. As soon as this is accomplished a current of electricity may be connected to it and the water will become your inner electrode, being charged from the spiral spring within the catheter. Either galvanism or faradism can in this way be employed, and the results of this treatment can be highly recommended. This should be used only on alternate days with the tampon of lamb's wool before mentioned. Balsam of Peru, hydrastis, boro glyceride, benzoin, listerine, campho phenique, hamamelis, etc., will all be found useful, varying the strength to suit the amount of inflammation present. Occasionally olive oil per mouth will be an excellent aid. Internal medication is of course valuable, and can be utilized according to the individual preference of each physician.

PREGNANCY A CURE.

ELMER E. VAUGHAN, M.D.

CHICAGO.

In order that the writer may not be understood as contending that pregnancy is a sure and harmless cure for all diseases to which the female flesh is heir, permit him to admit upon the start that pregnancy is a frequent cause and more often an aggravating complication of many and varied diseases. However, as there are two sides to all questions, it is to the other or curative side I desire to direct your attention.

Pregnancy as a cure acts in at least two distinct ways, mechanically and homeopathically, or according to the law of similars. Among the diseases cured mechanically, uterine displacements, flexions, versions and prolapsus, stenosis, dysmenorrhea, menorrhagia and metrorrhagia. Homeopathically, most prominent I regard acute and chronic catarrh of the stomach, neurotic indigestion, hysteria, neuralgia, etc.

As illustrations I desire to report the following cases:

Case 1.—Mrs. H., age 26; one child two years. Uterus upon examination found to be size of four months' pregnancy, filled with fatty

growth, which gradually increased, menstruation having ceased for six months. Growth removed by curettement, but returned in about three months. Patient was found to be pregnant, also. Carried the child to term; growth apparently receding after about the fifth month of pregnancy, expelled with, but independent of, afterbirth. Child healthy, weight ten pounds, now one year old, no return of growth.

Case 2.—Mrs. G., age 21; primipara, retroflexion, dysmenorrhea, constipation, with much backache. Became pregnant, miscarriage at the third month, after which condition remained very much the same. Second pregnancy carried to term, since which time both the uterus and its functions have been normal. Bowels regular, backache ceased.

Case 3.—Mrs. K., age 25. One child, one year old. Coxalgia, unable to rise from sitting posture without excruciating pain; constant pain of greater or less degree, becoming of a sharp, shooting character at times. Under treatment for three months by two physicians, who used both internal and local treatment, including electricity, without relief. Patient became pregnant at about this time, and in a few days all symptoms had disappeared.

Case 4.—Mrs. V., age 40. Two children, youngest fourteen. Symptoms, poor and variable appetite, distress after meals, sour and burning eructations, bloating of stomach and bowels, nausea and vomiting, especially in morning; craving for acids, this condition being present for two years, with very slight and only temporary relief. At this time became pregnant, giving birth to a healthy child of twelve pounds; during period of gestation symptoms mentioned disappeared. Child now ten years of age, health of mother continues good.

Case 5.—Mrs. S., age 27. Hysteria since menstrual function began, married at 25, hysteria continues, becoming even worse; became pregnant at 27, giving birth to a normal child; no hysteria during pregnancy or since, three years later.

Case 6.—Mrs. J., age 35. Ovarian cyst of about six months' growth, about five inches in diameter. Mrs. J. became pregnant at this time, whereupon tumor seemed to increase in size for the first two months, after which the uterus became more prominent and the tumor less. Shortly after birth tumor was entirely absent, so far as any examination would reveal. Four years elapse, no return of the growth.

Case 7.—Mrs. A., age 22, tall, slender, weight 95 pounds. As a child was puny and sickly, hysterical and under-developed; married at 21, at which time cervical glands were enlarged on both sides. State of nutrition poor, menstruation irregular, appetite variable; constipated. Pregnancy occurred one year later, improvement began in less than two months, had little or no nausea, developed rapidly, had an easy labor, marked improvement having taken place. Second pregnancy

in about one year similar to the first, leaving the patient in perfect health, weight 130 pounds.

Case 8.—Mrs. D., age 35. Two children, youngest five years. First birth normal, second birth severe, although not a large child; was two days in labor, ending with chloroform and forceps; weak heart, slow and incomplete recovery. Attending physician informed her that she would never give birth to another child and live. Five years later, in a distant city, health continuing poor, she again finds herself pregnant. After seeking relief for her condition upon the grounds of her old family physician's statement, in whom she had great confidence, and being denied such relief, believing it unwise and that the risk would be equally as great, she was finally persuaded to carry her child, suffering, however, nine months of mental agony, caused partly by past experience, but largely by the remark of her physician, she gave birth to a normal child in a normal way, made a good recovery, health being better than for years.

In view of these and other facts, too numerous to mention here, I am led to draw the following conclusions: First, that more suffering is produced by an attempt to avoid pregnancy than by the actual existence of the same. Second, that pregnancy un-interfered with, cures as often as it causes diseased conditions.

ANNOUNCEMENT.

During the week beginning with the 4th of September the annual class for private instruction in orificial surgery will be held in Chicago. On Wednesday and Thursday of this week will convene the sessions of the American Association of Orificial Surgeons, the members of this society being welcome to attend the clinic on these days.

The Cuban war is ended and prosperous times have begun to appear, and the indications are that the coming class and meeting of the American Association of Orificial Surgeons will be unusually well attended and more interesting and instructive than they have been for many years.

The announcements of this class will not be issued until the latter part of July, but as seats in the amphitheatre can be applied for at any time, those who have a choice had better send in their applications as early as possible, so as to avoid disappointment. For particulars address Dr. E. H. Pratt, 100 State street, suite 1203, Chicago.

Dr. Pratt will be in Chicago and engaged in private practice the entire summer, except for the three weeks beginning with June 20th, during which time he will be in attendance at the meeting of the American Institute of Homeopathy at Atlantic City and fulfilling his summer appointment on Muncie Island.

EDITORIAL DEPARTMENT.

SERIES OF IMPERSONATIONS.

IMPERSONATION NO. 3—THE ARTERIAL MAN.

Ladies and Gentlemen :

Well, here I am, just as my brother form, the muscular man, promised you.

Although the bony, muscular, and all other human shapes have left me and I am before you alone, separated completely from the rest of my family. The human form which I constitute is a very perfect one, for my blood vessels permeate every part of the human being.

If I belonged to the vegetable kingdom my proper classification would be the tree of life, my heart constituting the roots, my aorta, which was my main artery, the trunk, and all the rest of my arteries branching from this in every conceivable direction, the branches growing finer and finer as they approached their varied destinations in the other tissues until ultimately they terminated in a net-work of vascular loops which connected me with the venous man, so fine in caliber as to be indistinguishable by the naked eye and called the capillaries. These would properly be called the leaves of the tree of life. The figure is not a bad one, for as in the historical tree its leaves were for the healing of the nations, so my capillaries were for the healing and building up of the entire physical man. By the way, I never have had the opportunity of looking in the glass, and it would not serve any purpose if I had, for my eyes are nothing but bloody eyes and I am as blind as a bat. But it occurs to me as my heart and larger arteries are large enough to be seen by the naked eye, and my capillaries in which my small arterioles terminate in every part of the body are so fine as to be indistinguishable by the naked eye, my outlines instead of being well defined as I appear before you must fade out so gradually as to give me the appearance of being completely surrounded by a sort of a halo. You might mistake my margins for a fine fuzz and think if I lived long enough I would feather out. But you would be wrong, as I can assure you that I have no closer relationship with the feathery tribe than I have with the rest of the physical creation and my peculiar appearance in this respect is simply due to the fineness of the subdivisions of my arteries as they disappear in the sea of capillaries which is

their ultimate destination. You see at my periphery I, as it were, melt away into the invisible. My heart and most of my arteries are plainly visible, but as these grow smaller and fade out into the capillaries I become invisible. So in part you see me, but in part you do not see me.

You know that so far as my brothers and I are concerned we were all constructed of minute cells, varying in shape and size, but always so diminutive as to require the use of a microscope to bring them within the observation of the anatomist. There could be no skin man, areolar man, nervous man, muscular man, or any other kind of a man unless cells were employed in his building, just as bricks are employed in the building of a brick house. The cells of different kinds were closely molded together in such shapes as to constitute the various tissues out of which our whole body was constructed. Yet there was not a single cell in the entire human being the material for which had not been carried along my arteries out into my capillaries, and through these poured into the adjacent tissues. In consequence of this fact I used to flatter myself that I was the direct means by which our whole family of human shapes was in the first place constructed, and that in the same manner I was the direct agent through which all repairs were made.

Although I myself was called a perfect human shape, nevertheless I will have to admit that in some places a part of my shape was formed by bones, in all places the muscular man contributed to my formation, so also the venous, areolar, lymphatic, and both nervous men, in fact all the other human shapes had more or less to do with my building, and the knowledge of this fact was all that kept me probably from feeling a sense of superiority over my brother men. It seemed as though in a sense I was more important than they were, for I brought the material for the construction of every one of them, and I was continually supplying material for the extensive repairing which they all of them seemed to continually demand, and it kept me busy, I can tell you. The eyes wanted my blood, so did the ears and all of the parts of the head, neck, trunk and extremities, and I controlled the entire blood market and gave my whole time to supplying it for the others to feed upon, taking, of course, for myself what little I needed for personal use. In supplying my own wants, however, I wish it distinctly understood that I never under any circumstances supplied myself from the general blood supply of which I had entire charge. This mass of liquid flesh, the blood, was entrusted to my keeping for the benefit of the whole family and I had to give an account of every drop which came into my channels. So instead of taking a mean advantage of this public treasury as thousands of public officers in similar places of trust are so sorely tempted to do, I carried it to its destination, wherever it might be,

completely unmolested and in as good condition as when I received it for transmission. Of course a certain amount of blood was necessary for my own building and repairing, but this was supplied by a separate set of blood vessels, called the vasa vasorum, and I put in my demands for nutriment by way of these minute blood vessels on the same plan as was observed by the other members of our physical family. You see I was salaried. I was born honest, and I never betrayed a trust. Every bit of blood that was entrusted to my keeping was honestly given up again and my sole source of supply for my own necessities was what was allotted to me by the little system of the vasa vasorum. As you see me to-night my blood has all been drawn off and I am nothing but a set of hollow tubes of various sizes, so arranged as to be rounded out into a very complete human form.

I have been called the arterial man for a good many years. When the first anatomist discovered me it was in a dead body, and as I am filled with blood only during life, of course he found that I was hollow just as I am now and he thought I was full of air when carrying on my business in the body, and hence the name artery, from aer, signifying air. It strikes me as singular, now that anatomists know better, that this man's ignorance has not been wiped out of the text-books and a name given me that was truer to life; but I have been called the arterial man so many years that I suppose my name will probably remain unchanged so long as physical creation lasts. But my continuing to bear the old name which the first anatomist in his ignorance gave me, shows one thing very plainly, that the mistakes of men are frequently indelibly stamped upon the ages which follow. The old anatomist is dead and forgotten, but because he thought I was full of air and therefore dubbed my branches arteries, therefore his anatomical blunder seems destined to advertise his ignorance for all time.

I am not the only instance of such bad naming in the human organism, but I do not like it just the same, and although there is little hope that my branches will ever be called anything but arteries I thought I would take this opportunity to register my grievance. For the reason that it is a misnomer I do not like the term artery in spite of the fact that I cannot help it and expect to endure it for the rest of time. I do not know that it matters much, however, if you all understand that, although my tubes are said to contain nothing but air when our family of forms has ceased its activities and begins to disintegrate (being what is commonly termed as dead), when in the living state and ready for the business of the world there is not a bubble of air in me, but I am completely filled, from heart to capillaries, with that great bright red fluid of life known as human blood. (I carry black blood also, but only

a short distance.) My heart, like my arteries, is a hollow organ, located in the lower part of the chest, inclining to the left side. Its point is downward and toward the left, extending two and a half inches to the left of the middle line and as low as the intercostal space between the fifth and sixth ribs of the bony man, its base directed upward and to the right, extending as high as the costal cartilages of the third rib and one and a half inches to the right of the middle line. This brought the body of my heart behind the breast bone or sternum.

I sometimes thought that my lot was a hard one, because I had no opportunity to rest from one end of life to the other. There was such a steady demand for the blood which I contained that I had to keep the stream in motion day and night, winter and summer, year in and year out—until myself and my brother forms gave up the ghost and passed into dissolution—from sixty to seventy times per minute in health, and in disease from twenty to one hundred and eighty times per minute, (which was about as fast as could be counted). The pulsations of my heart and the throbs of my arteries must be perpetually made as ordered by one or both of the nervous men.

I dealt in two kinds of blood. The blood which was poured into the left auricle of the heart, (that being the upper compartment of the heart on the left side) as it came fresh from the lungs, was thoroughly oxygenated if the lungs had done their duty, and was bright red in color. As soon as the auricle was full its muscular coat contracted and forced it down into the left ventricle of the heart, the opening between the auricle and ventricle, which was called the left auriculo-ventricular opening, guarded by what was known as the mitral valve in such a manner that when the left ventricle contracted, which it did just as soon as it was full, the valve was completely closed, so that it was impossible for the blood to be forced back in the direction from which it came. This compelled it to pass upward into what was known as the arch of my aorta, which is the largest blood vessel of my form, and then it passed through numberless channels to its destination in my capillaries. At the same time that the left side of the heart was thus forcing the blood all over the body a similar function was being performed by the right side of my heart, only the blood which the right side of my heart handled was black or venous blood, and instead of pumping it to all parts of the body as the left side of my heart did, the blood which it contained was only sent as far as the lungs by means of my pulmonary artery with its branches and capillaries. You see the blood was poured into the right auricle of my heart by means of the two big central branches of the venous man, the superior vena cava bringing the black polluted stream of blood from the upper part of the body and the inferior vena cava bringing the same kind of blood from the lower

part of the body. As soon as these streams had filled the right auricle of my heart, its walls contracted, forcing it through the right auriculo-ventricular opening into the right ventricle of the heart. This opening between my right auricle and ventricle is guarded by what is known as the tricuspid valve, whose arrangement is quite similar to that of the mitral valve of the left side, so that when my right ventricle contracted the blood did not leak back into the right auricle of my heart, but passed through the pulmonary artery to the lungs. The two halves of my heart worked with a uniform rhythm. My auricles were filled and emptied, as were also my ventricles, at the same instant, although the left side handled the bright red or arterial, and the right side the dark red, or venous blood. The walls of my auricles are of about the same thickness, for the distance which they had to carry the blood was the same on the two sides of my heart, being merely from the auricles down into the ventricles. But with the ventricles it was different. My left ventricle had to pump the blood as high as the head and as low as the feet and as far out as the ends of the fingers and everywhere between, while my right ventricle only had to carry the blood as far as the lungs. That was why the muscular walls of my left ventricle were about three times as thick as the walls of my right ventricle. But they always contracted at just the same time, so that a superficial observer would scarcely suspect there being such a difference in their functions. When my ventricles contracted the blood was forced out into my two largest arteries, namely, the aorta, which received the bright red blood from my left ventricle, and my pulmonary artery, which received the black blood from my right ventricle, with tremendous force; indeed it started a wave which throbbed through every artery of my organization and did not stop until it reached the great sea of my capillaries. You can imagine with what speed the blood rushed along my hollow walls when you stop to think that the ventricles were completely emptied in a full grown person from sixty to seventy times per minute, and that a blood corpuscle could make a complete circuit of the circulation, starting from the left side of the heart, passing along the arteries as far as any of the capillaries, back through the veins, through the right auricle of my heart, down into my right ventricle, to the lungs, back from the lungs into my left auricle, and down again to my left ventricle, where it started from, in about two minutes' time. This is not quite as quick as an electrical or a thought wave, but it was an accomplishment of which I was quite proud. Some would regard my work as very monotonous, as this had to be kept up as a steady thing, in sickness and in health, during activity as well as repose, as a regular supply of blood was demanded by every one of our human forms throughout life, and I am one of the shapes that was never permitted to rest either day or night.

I was always deeply interested in my work, however. I could never tell where my blood came from nor where it went to, as I was always in the habit of minding my own business and simply performed my duty of passing it on. But I knew that life and death for our whole family depended upon my personal efforts and I was keenly alive to the responsible position in which I was placed. Sometimes the muscular fibers through imperfect connection with the nervous men would either shut down too tightly and narrow the caliber of some of my arteries or else let them stand too wide open from a condition known as paralysis. In either case my blood stream would be obstructed, my precious burden would not reach its destination, and as I knew I would be blamed if my imperfectly performed function was ever found out I suffered all the tortures of a messenger who had an important mission entrusted to his keeping and which he was not able to execute. The organs or tissues that relied upon my affected arteries for their customary blood supply, failing to receive it, would starve and sicken and set up serious mischief for the whole family, for the organs of our body are so closely associated that suffering in any part was communicated more or less perfectly and immediately to all other parts, and when one of our family was sick we were all sick. A knowledge of this fact was sufficient incentive to me to do my whole duty by my family and left no stone unturned so far as I was concerned to complete a well-rounded physical career. My conscience has always been clear. My nervous brothers, the cerebro-spinal and sympathetic men, could not always agree as to how hard I should work, and in consequence my orders were frequently contradictory and this always made trouble. I was fretted a good deal in this way, and when there was any serious difficulty from this cause my nervous brothers always had to come to some sort of an understanding before my functions could be again properly established. I got very tired sometimes and would have liked to have been relieved from such steady employment, but it was useless to complain, as there was no one else to do my work. My duty was a very exacting and trying one. If I accomplished my work too fast or too slow, or became the least bit unsteady in it, my whole family was upset and disaster to us all was sure to follow sooner or later.

I had nothing to do with returning the blood from either the lungs or the other tissues to my heart, as I had a twin brother, the venous man, who accomplished this function. It was all that I could do to distribute the blood from the heart to the lungs and to the other tissues. I will say nothing of its return, as my venous brother is perfectly capable of speaking for himself and will present his autobiography to you at your next meeting.

If I have given you the impression that my heart was the sole pro-

pulling power of the great blood stream which rushed along my channels permit me now to correct it. My arteries, which extend from my heart to my capillaries, whether they are large or small, consist of three separate coats. The innermost coat or tunica intima, as it is called, is a serous membrane continuous at one extremity with the lining of the heart and at the other with the capillaries. Its surface is covered with what is known as pavement epithelium, so as to render it perfectly smooth in order that the rush of blood might find no obstacle in its way. My outer coat, called the tunica adventitia, is a membrane furnished me by the areolar man for my comfort and protection from the encroachment of my fellow shapes. It holds me in place by its attachments to the sheaths which encase me and makes a soft bed for me to lie in, besides adding to my strength and elasticity. If one coat is more important than the others perhaps it is my middle coat, which has been woven for me through the kindness of my brother, the muscular man. The fibers thus furnished for me by my muscular brother for my middle coat are all of the involuntary type, and they are arranged about my tubes in layers. Although the fibers themselves are very short, by overlapping they constitute a thick heavy tunic, which forms most of my thickness. In these layers the fibers on the outside are arranged longitudinally, and when they contract shorten the artery which they surround, while those of the inner layers pass around the caliber of the artery in a circular manner, so that when they contract they narrow the caliber of whatever artery they surround. By this arrangement I was capable of peristaltic action, just like the sweat glands or intestinal tract, or any other of the tubes of the body, concerning which my brother form, the muscular man, has already spoken to you.

Now all the heart had to do was to pump the blood into my arteries, the left ventricle into my aorta and the right ventricle into my pulmonary artery. Just as soon as this was accomplished I have three little valves in each of these arteries right close to the heart which immediately closed, so that it was impossible for the ventricle when the heart was relaxed to receive the blood back again. These valves in their appearance resemble a half moon, and are consequently called the semilunar valves. Any who wish may examine them at the close of my talk. When the blood attempted to rush back into my heart after the contraction of my ventricles, it found its way behind these valves and threw them together suddenly with a click, known as the second sound of the heart. But they were equal to their task, and when my ventricles had once emptied themselves my semilunar valves were immediately closed and not a drop leaked back. To be sure my heart acted with considerable force and sent a tremendous wave out into my arteries. But this wave would soon cease and by no means be expected to rush

as far as my capillaries if the middle coats of my arteries did not first relax to receive the approaching wave, and then immediately contract and continue the impulse along my entire arterial length. The heart started the impulse which made my arteries pulsate, but my arteries themselves kept up the throb by their rhythmical peristaltic action until my muscular coat stopped and the innumerable small streams of blood found themselves lost in the ocean of my capillaries. There was no pulse beat in my capillaries, but there was in every other part of my structure, and I want you to understand that the heart did not deserve all the credit for my universal pulse.

You see the blood which I contained was really the liquid person. None of my brothers could ever have taken shape except for me. I held all the tissues of every one of them in solution, and was responsible not only for the crude physical material out of which they were all constructed, but also for the vitality which supplied them with the very ideals by which they were each and all of them built. The blood stream was truly the river of life, which was immediately responsible for every type of organic function and physical activity, whether of growth or repair. A knowledge of this fact would have been likely to inflict me with my own importance if it had not involved also a deep sense of the responsibility of my office, for our entire family of bodily shapes were charges placed in my keeping, and so keenly did I feel the importance of my function that I had no time for conceit or pride of position. The fact of the matter was that we were all mutually dependent upon each other, and in reality no member of our wonderful family of human forms could be spared without destroying the entire family, and hence as this fact was known to all of us, conceit was not one of our temptations. We never debated the question as to who was the greatest, but simply went on each with the duties allotted to him to the best of his ability, always working in harmony, each for the benefit of the others. We were never unhappy unless some one of us was sick, and we were so closely united that when one of us was sick we all suffered in common, a fact that will be considered more at length by one or more of my brothers who will speak to you later on.

You will observe that I am one of the tubular members of our body, and that my service to our human being was performed by peristaltic action. In this capacity I enjoyed a distinction over all the other tubes except my twin, the venous man, and also the lymphatic man. For instance, there were the sweat glands, sebaceous glands, mucous glands, kidneys, ureters and bladder, the intestinal tract, the uterus, vagina, and testicles, and the bronchial tubes, all of which performed their functions by peristaltic action the same as I did. The muscular fibers by which these peristalses were accomplished in all of the tubular organs, myself

included, were of the involuntary type and the muscular fibers were under the control of the sympathetic nervous man, the cerebro-spinal man controlling the voluntary muscles only. Thus you will readily see that peristaltic action, which was the mode of activity employed by the tubes of our body, was presided over by the sympathetic man. In this respect my own peristaltic actions enjoyed a special distinction from that accorded the other and less consequential tubes. My muscular coat consisted of involuntary fibers just as all other tubes did. But the nervous force which kept them in rhythmic operation was not supplied solely by the sympathetic nerve. The cerebro-spinal system sent out innumerable tendrils, which, joining with similar ones from the sympathetic, mingled together in a net-work of entangling fibers, which were twined about my entire structure from heart to capillaries, constituting a special set of nerves known as the vasomotor system. By this arrangement you will see at once that while the rest of the tubes of the body had directly but one source of nervous supply upon which all their operations depended, namely, the sympathetic, in my own case I was under the direct influence of both nervous systems. My nervous brothers will each of them address you in due time, but right here it will do no harm to mention one or two of their characteristics, as this seems necessary to explain why I was under the control of both of them, and also why my regular business was frequently interfered with until sometimes I scarcely knew whether I was afoot or horseback, so to speak. This fact also explains our premature death.

You should know that my cerebro-spinal brother was a very self-conscious fellow. He saw and heard and smelt and tasted and felt our way through the world and based his orders on a judgment which resulted from his various observations. When he was level-headed and serene all went well, but let him become possessed of cranky notions, as he did too frequently for the good of the family, and he was sure to get us all into trouble. So far as I was concerned I did not mind his commanding me to enlarge the caliber of my facial arteries and suffuse our composite face with blushes, for blushing is but an accomplishment of modesty. But when he was fearful and got over-anxious and kept us all awake nights and worked us too hard, when he took a moody view of events over which he had no control and distressed the whole family with his lamentations, and especially when he went beyond this and got mad he could do us all more harm in a minute than could be undone in a week. It was a good thing for us that he could boss us around only during waking hours, as he was very erratic, hard headed and inconsiderate. He made mistakes enough for us all and we really never succeeded in being a happy family until all the conceit and self-will to which he was prone was taken out of him by the incidents and

accidents of time and he became thoroughly imbued with the only true inspiration of correct living which was embodied in the submissive prayer, "Thy will and not mine be done." All through the first part of our life he and God seemed to differ and his determination was evidently "My will and not thine be done," and it took a good many disappointments and disasters, in which the whole family of us was involved, to teach him the fallacy of attempting to become a law unto himself, and that his business was to obey laws rather than to attempt to make them. Later on in our experience he became more Christian-like, and as he did so we got on better. It was a happy day for us when he surrendered, for we were all at his mercy and the burden of his mistakes always fell upon me especially, or at least so it seemed to me. He would repeatedly call upon me for more activity than I was capable of and got me all out of rhythm until I was many a time more distressed and discouraged than I can possibly tell you. Our family troubles, I am satisfied, all had their beginning in his mistaken conceptions of life and its purposes. But I have no complaints to offer. He was our elder brother, and without him our existence would not have been possible, and we were all satisfied that his mistakes were those of ignorance, which he was only too glad to correct as soon as he learned better. He knew very well that whatever he had in his head was of supreme importance to us and on all occasions I am satisfied that he did the best by us that he could, and all that I want to say is that as he grew wiser the rest of us invariably grew happier and healthier.

The sympathetic man, who was always on duty day and night from birth to death, was not at all self-conscious or erratic in his management of us. His business was simply to find out what the various members of the family needed and do the best he could in the way of supplying it. He was regular in his habits and tireless in his energy. He sympathized very deeply with the troubles of the cerebro-spinal man, but nevertheless had a mind of his own, which was greatly to our advantage, for without his steadying influence none of us would have had sufficient courage for a single day's work. It was under his masterly management that all our work of building and repair was carried on and the various rhythms of the organs established and maintained. He never slept nor rested, but was always at his post of duty, issuing whatever orders were necessary for the performance of the various bodily functions. We had jolly comfortable times nights. He was of an uncomplaining nature and did the best he could with the forces at his command, regardless of the incidents and accidents of our human experience. Sometimes our cerebro-spinal brother would submit to his management and then all would be well with us. But this was not always the case, and

when our cerebro-spinal brother succeeded in disarranging the plans of our sympathetic man there was trouble in store for all of us. But even in such crises of our existence our sympathetic brother stood right by us and did the best he could. The vaso-motor system of nerves which dominated my personal activity would receive some pretty severe orders from the cerebro-spinal man, but when disaster threatened the sympathetic man would modify them so as to make life tolerable and trouble was thus frequently averted and our continued existence made possible. These nervous brothers of mine will each speak for themselves after a short time, and so it is unnecessary for me to say more to you now concerning them. My best and dearest and most reliable and helpful companion in all the years of my existence, however, I wish to tell you right now was my sympathetic brother. He was a quiet fellow and was never properly appreciated by doctors or laymen, but his time is coming, if indeed it has not already come, and matters are going to be better than they were, for he knows laws and every human being had better listen to his counsels if he wishes to get on well. Of course our family of forms are all fond of each other, but I can tell you that our sympathetic man is the brother whose voice needs to be heard, and I advise you to give him careful audience when he speaks.

Perhaps you have observed in looking at me that my arteries seldom pursue a straight course, but are more or less tortuous in their appearance. The reason for this was to adapt them for the different positions and conditions of the parts which they supplied. In organs which vary greatly in size and position at different times my arteries are much more tortuous than where but little mobility or change of position is expected. My large arteries are always run out to their destination in as direct a course as possible. In the extremities they wind about so as to lie along the flexor side of the limbs, only such branches as are absolutely necessary being sent off on the side of the extensors. There are no large arteries along the back of my head, neck, trunk or limbs. Of course my capillaries are everywhere, as the nature of their function renders this indispensable. But everywhere in the body my position is always as direct as possible on account of the importance of my mission. The whole family realize my importance and favor me accordingly. All of them would fight for me in a minute if they had to, and I tell you it scares them all when I suffer violence and the blood which I carry is spilled out or obstructed.

A few of my brothers have tissue so characteristic of them as to give them a marked individuality. Especially is this the case with my bony, my muscular, and my areolar brothers. But for myself, I seem to be constructed entirely from elements borrowed from other members of

my family. I am under especial obligations to the areolar and to the muscular men. The forms of most of the other men are closely entangled in the meshes of my own construction, just as our forms are all more or less closely blended together. But I could retain my shape and personal identity and spare all my brothers except the bony, muscular, areolar, and skin men. Without these I could not and would not exist. My sympathetic brother, who, as you will understand from what I have said, is very close to my heart, contributes but little to my shape. The understanding between us, however, is just as close as though his outward form were a larger part of my own.

Ladies and gentlemen, I feel that I have already severely taxed your patience with my long story, and so will bring my remarks to a close. I have said nothing of how I have suffered in the way of sickness, acute and chronic, but I think you will understand that, like my brothers, I, too, am mortal, and consequently subject to all the conditions of mortality, having much to do with the health and sickness, the growth and repair, of all the human shapes with whom I am associated, and am liable to all their sorrows as well as their joys, to all their diseases as well as their recoveries. I have a few troubles peculiar to myself, but do not deem the present occasion a proper time for their consideration, as my story has already been a long one. So, thanking you for your presence and thoughtful attention, I bid you good day, feeling sure that if you have been interested in my personal history in spite of its incompleteness and other imperfections, you will take a still deeper interest in the impersonations of my brother forms, who are yet to be heard from.

The next shape to speak to you will be my twin brother, the venous man.

E. H. PRATT.

CLIPPINGS AND COMMENTS.

C. A. WEIRICK, M.D.

CHICAGO.

59. DON'T WORRY.—Never was there a truer remark than this recently written by a physician: "Worry kills more people in America than all the ills to which flesh is heir." The old proverb says "care," which is only another name for worry, "once killed a cat." If worry can extinguish the nine lives of a cat it is a far easier task to extinguish the one life of a man, especially as men have infinitely larger capacities for worrying than cats.

In one direction the faith curers and mind healers and Christian Scientists are on the right track. The relation of the mind to the body is more intimate than is generally conceded, and of all the manifestations of the mind worry is the most mischievous. It is the poison to enjoyment, and enjoyment is one of the prime objects of life and blessings of nature. No man can live the life he was intended to live who worries. It ruins the disposition, sours the temper, darkens every prospect, kills the imagination, saps the vital force, and ends by producing conditions which ultimately kill the worrier. It is the most insidious and dangerous form of pessimism.

Care, Hood says, drives nails into your coffin, but "every grin of laughter draws one out," and Hood was a living illustration of the truth of what he wrote. If worrying did any good, if it in the least altered one's personal equation, there might be some excuse for it, but in this world what is to be will be, and no amount of fretting can change the everlasting verities. The only outcome is weakened nerves, disordered stomach, refractory liver, clouded brain, and settled melancholy, ending in conditions against which *materia medica* itself is powerless.

In an ideal world every child would be first taught not to worry, and thus avoid that distortion of the imagination and sickliness of fancy which head the train of life's ordinary infelicities and recruit new ones all along the road. While the *Tribune* is not disposed to accept many of the teachings of Christian Science and must insist that pain is pain wherever found, and that mind is not always superior to matter, and that when a man is sick he is sick and if not taken care of will die, yet to the extent that it is inculcating cheerfulness and banishing worry it is doing a good work. The functions of life were intended to be pleasurable, and yet the only sad thing in the world is man. Nine-tenths of this sadness comes from sickness, and many tenths of this sickness come from worry, which deranges life's processes and undermines the strength of the body, leaving it the victim of disease. To no people in the world is the advice "don't worry" more applicable than to the American. They are environed with "fret and stew," when what they need are rest and recreation and the capacity to enjoy.

This clipping is an editorial from the *Chicago Tribune*, May 21, 1899. Science has done much in the way of eradicating diseases of germ origin, not only by curing, but by preventing them. It has made such rapid progress in the etiology of many diseases that they are much less common than they were a generation ago. But if some forms of disease are disappearing others of a neurotic character are on the increase. The medical profession is as a whole cautious. Its attention has been directed during the past decade mainly to the bacteriological theory of disease and to the preparation and use of antiseptics. If it has made as rapid progress in the knowledge of neurotic diseases, it

has not made the laity as familiar with that knowledge, nor enabled that class of people to see the results of its practical application. Educational facilities in the shape of schools, books, and periodicals, coupled with a progressive spirit, have made the American people impatient when there is apparently delay; hence, because of the great number of nervous people who have failed to be benefited by the doctors, they have demanded relief elsewhere, and, as a demand is always followed by an effort from some source to supply it, there has arisen the mental scientists, Christian scientists, hypnotists, and perhaps others, who claim to be able to afford relief to diseases, principally nervous, not obtainable of doctors. These sects have given practical recognition of the influence of the mind over the functions of the various organs of the human body. Not that it was not known before, but its importance as a health preserver if properly used, or as a health destroyer if improperly used, was not fully appreciated. The importance of this one useful fact these sects will impress on the medical world and the people and then cease to exist. That does not mean that they will not have been useful. No one will claim that because an organization disbanded its existence had been useless.

The lesson to be learned from these sects is that the healthy or normal use of the mind is conducive to bodily health. Very few people are broken down by mental work, work which the mind was created to do. Such work develops and strengthens the mind, and, therefore, so far as it influences organic action, the body. Worry is not something the mind was intended to do, and hence will injure it. It is an evidence of mental weakness rather than of strength. It is true that some weak minds do not worry, but they do not think. They are weak from non-use; their condition is due to a negative cause, while that of the others is due to an active influence and also in many cases a parental mental transmission. Of course, much mental work is done by worrying minds, but it is done at the expense of wasted power and hindered vital processes which means the production of ill-health. A mother said to the writer that she hoped her children would never have as grave responsibilities as she had had. After reiterating the statement, she admitted that she was educating them for positions of responsibility, and would be gratified if they were to obtain positions of very great importance. Were that not her desire, some position of unskilled labor would be sought for the children. What the mother really desired was that her children would not worry so much about life's problems as she had. Serious thought and worry are not the same. The former is healthy, the latter unhealthy brain action. The problem to be solved is how to stop worry. It seems as if a large per cent of people are addicted to that habit. It is often inherited. It to a large degree can be overcome, not in a few days or weeks, but by perseverance. It is often based upon selfishness. The thought of failure to attain desired objects or maintain positions causes it.

Care or responsibility seldom drives a nail into one's coffin, and the laughter of one who is wrapped up in self does not draw one out.

Worry drives the coffin nails; it is civilization's method of slowly torturing to death; it is suicide by a long drawn out process. The blubbing youth and the worrying man are analagous. To the former

something is frequently occurring, or rather he imagines there is, that is cause for tears; to the latter, for worrying. Both sorrow for themselves or what directly pertains to themselves. They know they injure their own progress and help to make unhappy those around them. One shows his weakness by crying—blubbering is the better word to express it; the other by worry. They are bad habits that can be overcome. It is nonsense to say that they cannot. It may take time, longer in some people than in others, depending somewhat on the individual and of how long standing the habit. "A merry heart doeth good like a medicine" is just as true now and as possible of attainment as in the days of Solomon.

60. DEATH UNDER CHLOROFORM.—Charles W. Cathcart, M.D.—A. L., aged 11, an apparently healthy child, was admitted for the removal of a rectal polypus. She was prepared for chloroform in the usual way, and the night before the operation her heart sounds were noted as normal, except for an occasional reduplication of the second sound in the mitral area.

On the 10th instant chloroform was administered by the drop method on a single fold of towel by the chloroform clerk, supervised by the house-surgeon. The inhalation was gradually increased, the towel being held at first a good way off, as the child was a little nervous. In about five minutes she seemed ready. I looked at her, and seeing nothing amiss had her put in the perineal position, and began to stretch the sphincter. She winced and received three or four more whiffs. After this no more chloroform was given. After the sphincter was stretched and the polypus drawn down the house-surgeon noticed that she was breathing in an irregular and spasmodic way and that there was some laryngeal inspiratory crowing. The chin was drawn forward, and as she then seemed to be breathing freely I ligatured the pedicle of the polypus and removed it. This took perhaps about a minute, and by this time her breathing, which still continued, had again become somewhat irregular and unsatisfactory, although the air passages were free. Her face was pale, pupils dilated, and her pulse was imperceptible; her muscles were relaxed. The head of the operating table was at once lowered and artificial respiration was begun and continued for about three-quarters of an hour in all. Strychnine was injected, hot cloths applied over the heart, and as a last resort about half an ounce of blood was withdrawn with an aspirating needle from the right auricle, but all without avail.

Her face, although pale at first, rapidly became of a livid hue, although never intensely so, and the veins at the root of the neck were not distended. Once or twice, as I intermitted the artificial respiration for a few seconds, we could see that voluntary movements of respiration went on. This was quite evident to all present, but after one or two breaths the movements became feebler and we began artificial respiration again. As time went on these voluntary movements became less and less perceptible, then one or two spasmodic gasps were recognizable while the artificial respiration continued, and after that all signs of life ceased. Once or twice at first her color improved for a few seconds and her pupils contracted slightly, but the improvement rapidly faded away again. Her pulse was never reestablished.

From the beginning of the anæsthesia to the first alarm was about seven minutes, and from that to the full alarm was about three minutes; that is, ten minutes in all. Unfortunately no post-mortem examination was obtained.

I am quite convinced that the heart in this case failed before the respiration, and I have recorded the observations which were made at the time in order that others may know the grounds on which this conviction is based. I may, perhaps, be allowed to add that the chloroform was most carefully administered. The same bottle of chloroform was used in two operations on children immediately before this one. Each operation lasted about half an hour, and in neither did the anæsthesia give any anxiety.—*New York Lancet*.

It will be noticed that the first unfavorable symptoms manifested themselves after the inhalation of the chloroform had been discontinued.

It was not until after the sphincter had been stretched and the polypus had been pulled down that it was noticed that she was not breathing properly. No doubt those who had charge of the anesthetic were competent and careful; therefore, they would notice the first evidence of impairment of circulation or respiration. Under an anesthetic a rectal speculum, if held open in the rectum too long, will in some cases cause cyanosis. This probably was not done in this case, as the time was too short. Her unfavorable condition seemed to be coincident with the pinching of the polypus. After the first irregular breathing had been overcome by special attention, it again occurred on tying and cutting the tumor. We think the ligature should have been removed, believing that her chances of recovery would have been increased.

Constriction of hemorrhoids has produced alarming circulatory and respiratory symptoms, even when patient was not anesthetized. These symptoms immediately disappeared when the constriction was overcome.

The chloroform used had been successfully tried on other cases.

We saw one case of an adult male, who, under an anesthetic, had hemorrhoids removed by the slit method. When he had so far recovered from the anesthetic as to talk in a dazed manner, and put out his tongue when asked to do so, his hands became rigid, the face purple, pulse feeble, and respiration irregular. Elevating the hips several feet higher than head immediately caused the alarming symptoms to disappear. Three days after, when his bowels moved for the first time, after the operation, symptoms of the same character occurred, differing only in degree, not being so severe.

There is a feeling of relief that comes to some physicians when the patient is fully from under the influence of the anesthetic. It is doubtful if it is ever entirely devoid of danger to completely destroy ones sensibilities.

61. The *New England Medical Gazette* reports Dr. Boothby's remarks in the Boston Homœopathic Medical Society on use of clamp and cautery in treatment of hemorrhoids, as follows:

Dr. Boothby, in discussing the paper, said in part: "I suppose the chairman knows that I am not an enthusiastic champion of the clamp or cautery, because I believe that operation by removing the tumors and uniting the parts is quite as good, and, to my mind, is a little nicer way of doing it. The objection to the clamp, that I see, is this: In a large number of cases of hemorrhoids there is not one large hemorrhoidal growth on one part, but several. Remove a little mucous membrane, and you see a number of little veins standing up; you can remove these down to the fibers of the muscle by taking away tissues, and in this way there is a more complete operation. Dr. Green, of Little Rock, said he had adopted a suggestion of mine in regard to hemorrhoids where they were external and internal. Instead of making a complete circle, a part of the hemorrhoid is taken out near the integument and a little one side, and then a little of the internal, so as not to remove too much of the tissue around the edge. In Pratt's system a considerable tissue is taken out near the anus and the mucous membrane from the bowel drawn down, which is bad, as it is of a different character and color, and should not be near the anus. I would favor the knife rather than the clamp in most cases, and in others the clamp would be better."

Dr. Stone said: "I have no use for cautery, except in a very few cases. I have better success with the knife than the cautery. The ideal operation is the slip. The cut is clean and the parts immediately adjust themselves.

I have never seen any bad results. My principal reason for the slip operation is: Clean cut, and the parts adjust themselves without sutures."

Dr. Halsey: "There is little to add. Dr. Boothby, in speaking of the clamp, very kindly acknowledges that it has its uses, and if he had heard all my paper he would have agreed with me that the clamp was useful in certain hemorrhoids, where they are distinct and separate. I have had a little experience with the slip operation that Dr. Stone refers to without taking any sutures. I have had one or two patients come very near bleeding to death, which destroyed my faith in that method. Sewing is more painful."

Careful, successful operators do not agree on methods of operating. Perhaps there is as much disagreement in the methods of treating hemorrhoids as in any other trouble. No doubt all have obtained satisfactory results from that which the individual physician prefers. Much of the success obtained must be due to the powers of nature. A patient who is vigorous, with plenty of recuperative power, will usually make a satisfactory recovery from any reasonable method used for the removal of hemorrhoids. It is the patient with feeble, indolent reaction that requires the careful discrimination in the selecting of the method. Such a one, especially if neurasthenic, may not heal as readily as others, and hence the less surface left denuded the better; and in some such cases it is advisable not to too thoroughly remove the mucous membrane to get at the hemorrhoidal tissue, but make two operations. However, the thorough dilatation and removal of several large hemorrhoids may cause the smaller ones to disappear in a few weeks.

62. Now a German scientist, a professor in one of the universities of his native country, states that gargling the throat does not bring the solution in contact with the pharynx, and hence is of very little, if any, benefit. He tried two methods for ascertaining if the gargle would reach the pharynx. He covered the uvula and tonsils with starch and used a solution of iodide of potassium for a gargle. The starch on the uvula and tongue responded to the iodide test and became blue; that on the tonsils remained white. He covered the tonsils with methyl blue and gargled with pure water, which came away clean, leaving the methyl blue on the tonsils. Is it possible that after all these years of use of throat gargles it will be demonstrated that they never reached the parts for which they were intended, and were therefore useless? Some few physicians have claimed that gargling is useless in throat diseases, but the great bulk of the fraternity has believed in them. Will it not be strange if further tests prove that gargling the throat is useless?

63. *The American Practitioner and News* says that Captain O'Gorman of the Indian Medical Service, in an address, "Scientific Valuation of Alcohol in Health," maintained that alcohol did not act as food; it was a protoplasmic or tissue poison, and did not retard waste; also that it was a nerve paralyzer, and did not impart energy; neither did it conduce to longevity. Alcohol diminished the strength of the heart's contraction and reduced vascular tension.

BOOK REVIEWS.

"THE ABDOMINAL BRAIN AND AUTOMATIC VISCERAL GANGLIA." By-
ron A. Robinson, Chicago, Ill.

There has been no more important contribution to medical literature in the present generation in our estimation than this work by Dr. Robinson. The fact that we live by the sympathetic nerve, that all bodily activities, except chemical action, are accomplished under its influence, is beginning to dawn upon the professional consciousness, and the anatomy and physiology of this nervous system so long neglected has consequently at last begun to be appreciated, and until this book of Dr. Robinson's was issued there was no adequate textbook upon the subject except an English work entitled "The Influence of the Sympathetic on Disease," by E. Fox Long, M. D., which is rather bulky and by no means so well adapted to the practical study of the sympathetic nerve as this work upon the abdominal brain by one of our own countrymen.

The special feature of Dr. Robinson's book which renders it peculiarly serviceable is the idea which prevails throughout its pages of separate ganglionic centers thickly distributed throughout the body, by which each organ is able to enjoy a rhythm peculiar to itself. The thorough, exhaustive, and comprehensive manner in which Dr. Robinson has presented not only his own views, but those of his predecessors in this field of labor, stamps the Doctor as one of the most conscientious and thorough anatomical students and teachers of the age. Orificialists especially will appreciate Dr. Robinson's work upon the abdominal brain, as only by a thorough knowledge of the sympathetic nerve can the orificial philosophy find its proper appreciation.

Much of the practice of medicine heretofore has been exceedingly superficial, owing to professional ignorance of the power wielded by the sympathetic nerve force. The doctor of the future will be a better philosopher and practitioner because he will appreciate more keenly the human machine to which his art is directed. There are some slight evidences in Dr. Robinson's book that the Doctor himself is not yet fully alive to the complete meaning of his own studies and researches, but his labors have been none the less honest and complete, and will be found serviceable for all progressive students in medicine. With the abdominal brain of Dr. Robinson for an authority, orificial surgery may rest secure in the conviction of its ultimate and universal acceptance and appreciation. Dr. Robinson has evidently builded better than he knew, for although evidently not yet a full-fledged orificialist, the logic of his own work will in due time compel him to be one, as it will every other intelligent, honest, and earnest student of human anatomy and physiology. The sympathetic nerve is certainly destined to be duly appreciated in the course of time, and

when that time comes the principles of the orificial philosophy will be firmly and permanently established throughout the medical ranks.

Dr. Robinson's work upon the abdominal brain will certainly receive a hearty welcome by all searchers after fundamental truths of physiology and anatomy. We bespeak for the book a large and well-deserved sale.

E. H. PRATT, M. D.

OSTEOPATHY ILLUSTRATED. A drugless system of healing. A. P. Davis, M.D., D.O., Chicago. Ill.

Dr. Davis is an earnest thinker, writer, and worker, and deserves the hearty thanks of the profession for the able manner in which he has executed his task of presenting to the profession a textbook upon the principles and practice of osteopathy.

Although this first edition of his work contains much superfluous matter, which will probably be left out in subsequent editions, it nevertheless accomplishes its purpose of presenting to the profession an intelligent and faithful guide in the practice of osteopathy.

Osteopathy is by no means a complete system of medicine in itself, but is so markedly serviceable in the treatment of many forms of disease as to be a valuable adjunct to medical practice, and will be studied and made use of by all progressive doctors. The time undoubtedly is near at hand when medical colleges will appreciate the necessity of adding another chair to their curriculum of instruction; namely, that of manual therapeutics, and osteopathy will then receive the consideration which it so well deserves. In the meantime this pioneer work of Dr. Davis is more than welcome, and should be found in all medical libraries. Osteopathy does not interfere with the action of drugs or other remedial agents, but on the contrary is an effective adjuvant to their action. The power which osteopathy enjoys when properly applied to retard or increase the heart's action, to stimulate or subdue the function of the kidneys, the stomach, the lungs, the brain, and indeed all the organs of the body, has now become so universally recognized that a careful study of the osteopathic system has become imperative on the part of those who would keep themselves abreast of medical progress. Dr. Davis' is the only book yet published which seems to recognize the close relationship between orificial surgery and osteopathy, and for this reason it appears to us especially worthy of commendation and extensive circulation. The three great thoughts of the age, which deserve recognition and adoption by the medical profession, and which will aid materially in the speedy cure and ultimate eradication of all forms of human disease, both acute and chronic, are orificial surgery, osteopathy, and suggestive therapeutics. Dr. Davis has rightly discerned the signs of the times and done what he could to establish for these harmonizing principles proper appreciation in the minds of his readers.

Dr. Davis' book supplies such a well arranged and practical exposition of the subject as to insure it a hearty welcome.

E. H. PRATT, M. D.

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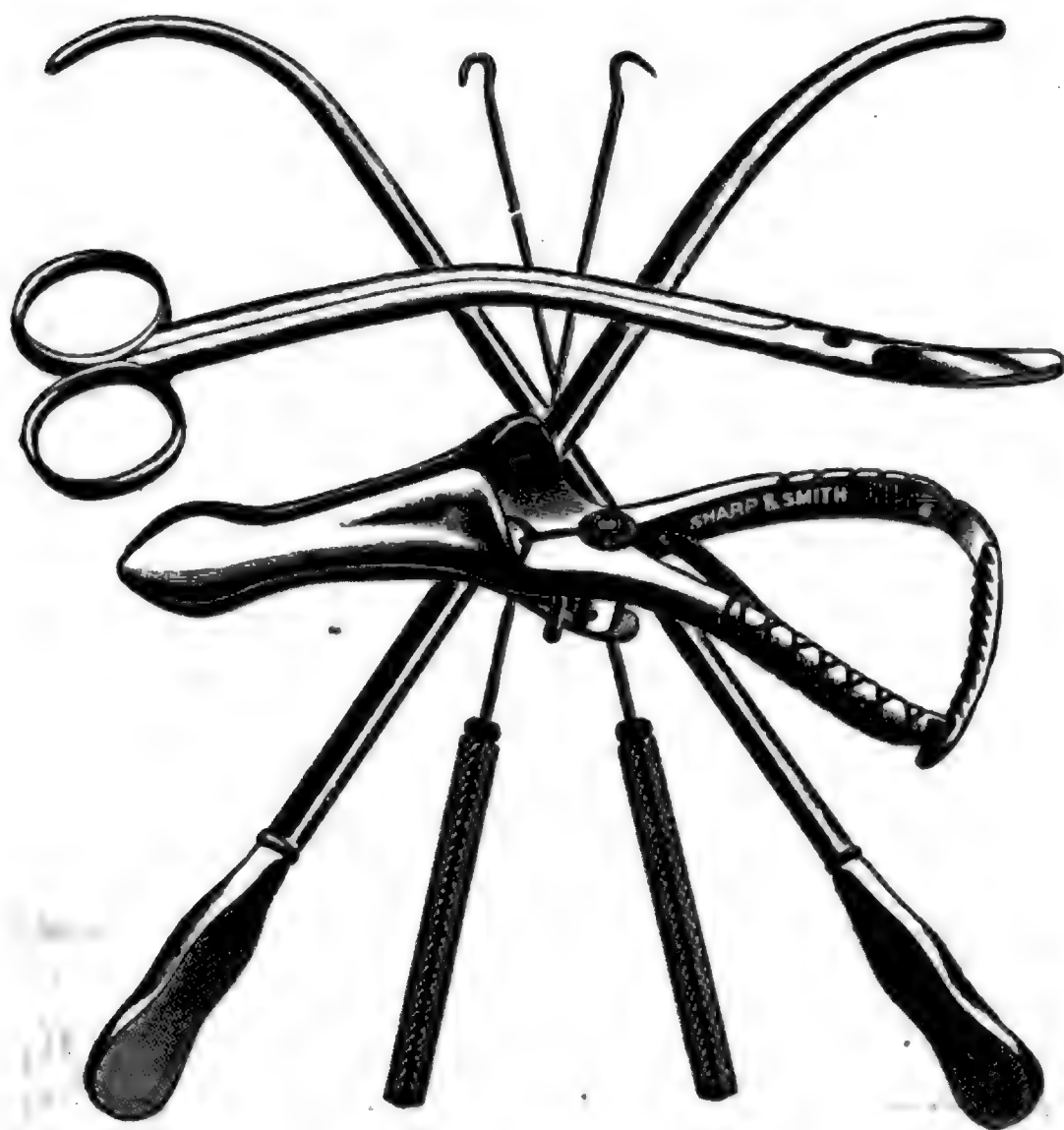
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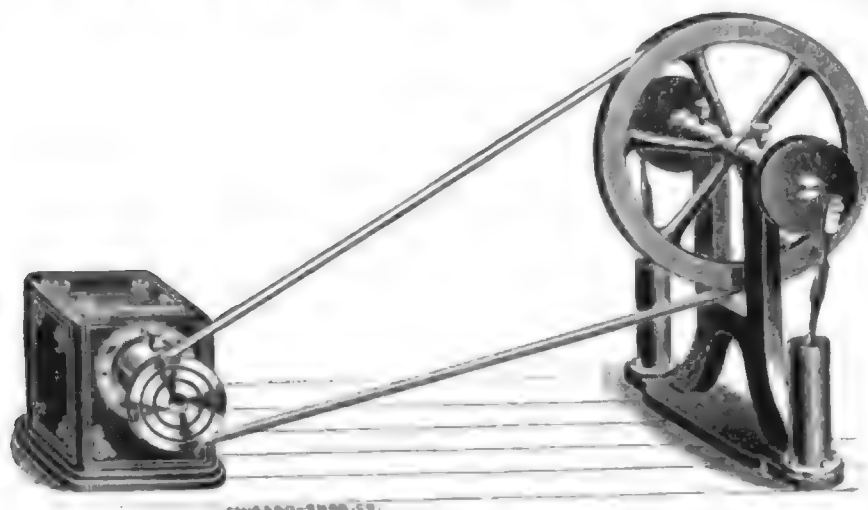
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A knowledge of orificial surgery is such a valuable adjunct to an ordinary medical education that its principles and methods should be familiar to every doctor in active practice.

There are many forms of human ailments which seem unwilling to yield to ordinary measures employed by the profession. Among these may be mentioned asthma, rheumatism, bronchitis, chronic malaria, nervous prostration, insanity, acne, eczema, subinvolution of the uterus, dysmenorrhea, sterility, chronic endometritis, enlargement of the prostate, seminal losses, gleet, all forms of malnutrition and chronic congestion with pathological lesions resulting therefrom.

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ANNOUNCEMENT

OF THIRTEENTH ANNUAL COURSE OF INSTRUCTION IN ORIFICIAL SURGERY

BY E. H. PRATT, A.M., M.D., LL.D.,

Professor of Orificial Surgery in the Chicago Homœopathic Medical College, Consulting Surgeon of Cook County Hospital, and Editor of the Journal of Orificial Surgery.

TO BE HELD

SEPTEMBER 4, 5, 6, 7, 8 AND 9, 1899,

AT THE

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PROF. E. H. PRATT will hold his thirteenth annual class for didactic and clinical instruction in Orificial Surgery during the week beginning September 4, 1899. The class will assemble in the amphitheatre of the Chicago Homœopathic Medical College, at the corner of Wood and York streets, at 9 a.m.

The course of instruction will last during the week, occupying a four hours' daily session.

Although the clinical resources of the College and Cook County Hospital are ample for purposes of illustration, still it is more interesting to the class to make use of clinical material furnished by members. For several years the entire clinic has been furnished in this manner by the class, and it has always been replete with the most valuable material. Each and every member of the class is therefore invited, as heretofore, to contribute one or more cases, as they may desire, to the clinic.

In selecting cases for the clinic, the members should remember that Orificial Surgery is serviceable not merely to cases presenting severe forms of local Pathology, but to all cases of chronic disease. The class will be pleased, therefore, with cases suffering from Asthma, Dyspepsia, Paralysis, Eczema, and other forms of chronic disease, as well as those which present simply aggravated forms of local Pathology. Operations performed upon clinical cases are free, the only expense being that of board and nursing, which is furnished at the rate of \$1.00 per day.

The proper application of Orificial principles for the cure of chronic diseases involves a variety of operative procedures. These will be repeatedly illustrated during the week.

In the Rectum, Fistulæ, Ulcers, and Fissures will be operated upon; Hemorrhoids will be radically cured by a variety of satisfactory methods; Sphincters will be dilated and pockets and papillæ removed; the American operation will be performed and its sphere of usefulness accurately defined.

Upon the male sexual system will be practiced Circumcision, severing the Frænum, enlarging the Meatus, passing of steel sounds, and Cystotomy, if called for.

The operations upon the female sexual system will illustrate the proper treatment of the Clitoris and its hood; the removal of all forms of irritation from the Meatus Urinarius and the Vulva; the repair of lacerations of the Cervix Uteri and the Perineum; the dilatation

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of strictured Vaginæ and the proper manner of dilating, douching, curetting, packing, and radically treating the Endometrium, including Alexander's operation, ventral fixation and ovary patching.

Various operations will also be illustrated for correcting Retroflexion; and the method of performing Hysterectomy without clamping or ligating the broad ligaments will be illustrated.

It would be well if some member of the class could bring one or more cases of fibroid or large ovarian tumors, so as to furnish the class with an illustration of the application of Orificial principles from the abdominal side as well as by way of the Vagina. Cœliotomy, in the light of the Orificial philosophy, is a very simple matter compared with the operation as usually performed, and, if a proper case is presented, PROF. PRATT will be very much pleased to illustrate the new method of operating, making use of the Trendelenburg position while illustrating the Orificial thought.

Although some of these operations, as Cœliotomies, Hysterectomies, Lacerations of the Cervix, the Clamp, English and American operations, require more or less surgical skill for their successful performance, much of the work is exceedingly simple, and can be done by any practitioner of medicine and surgery who deserves the title; and a knowledge of Orificial surgery is such a valuable adjunct to an ordinary medical education that its principles and methods should be familiar to every doctor in active practice.

There are many forms of human ailments which seem unwilling to yield to ordinary measures employed by medical men. Among these may be mentioned Asthma, Rheumatism, Bronchitis, Chronic Malaria, Nervous Prostration, Headaches, Spinal Irritation, Insomnia, Paralysis, Paresis, Dropsy, Epilepsy, Insanity, Acne, Eczema, Subinvolution of the Uterus, Dysmenorrhea, Sterility, Chronic Endometritis, Enlargement of the Prostate, Seminal losses, Gleet, and all forms of Malnutrition and Chronic Congestion and Pathological Lesions resulting therefrom.

To this entire list of obstinate troubles the Orificial work comes as a Godsend, and thoroughly deserves the careful attention and study of the entire medical profession. Many of the cases will yield immediate response to the work, and pass on without the use of other measures to a rapid and permanent recovery. Oftentimes, however, Orificial work will go no further than re-establishing a good capillary circulation and increasing the reactive power of the system, having to be followed by other remedial measures to effect a cure.

The art of tissue reading will receive marked attention in the coming class.

Those who desire a choice of seats in the amphitheater would better apply early, as the seats will be assigned in the order in which the tickets are purchased.

The general classes will be divided into sub-classes of ten, which will be received into the operating arena in rotation, thus giving each member of the class ample opportunity for repeated close observation of the work. As all the operations are performed, however, in the presence of the entire class, every case comes under observation of all the members.

The course is designed for practitioners of medicine and surgery rather than undergraduates. The latter, however, will be permitted to join the class if they so desire.

The tuition for the course will be \$25, in advance.

Under-graduates will be charged \$15.

Prof. Pratt's assistants in the week's work will be Dr. Henry C. Aldrich, Dr. B. A. Burney, and Dr. T. E. Costain, anesthetist.

Address all communications to

E. H. PRATT, M.D.,
100 State Street, Chicago.

P. S.—The American Association of Orificial Surgeons will hold its annual session in the amphitheatre of the Chicago Homœopathic Medical College, corner Wood and York streets, on the afternoons and evenings of Wednesday and Thursday, September 6th and 7th. On these days the members of the Association will have the privilege of attending the private class free of charge.

For further information concerning the American Association of Orificial Surgeons, address F. E. Young, M.D., Secretary, Canton, O.

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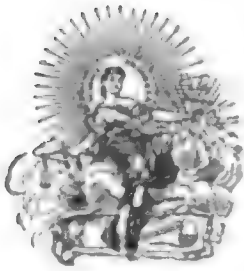
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